

# THE AMERICAN JOURNAL OF NURSING

VOL. VI

JANUARY, 1906

NO. 4

## EDITORIAL COMMENT



### THE FUTURE OF OUR ASSOCIATIONS

In continuing the subject of local organizations it must be unquestioningly admitted that if they are dull or stagnant it is not because there is not enough for them to do. On the contrary, there is, in every State of our union, so large and ever increasing an array of special lines of work waiting to be done by somebody, that the real question ought to be how to distribute it so as to get it all under way and moving. We ask our readers to consider thoughtfully the different branches of activity which have so far been taken up or which are pressing to be taken up in our local groups.

First, there is the mutual duty of assistance to members. Under this head come sick benefit funds and their distribution; plans and provision for old age; extra help for emergencies; visiting and friendly aid of members who are sick or in trouble; the provision of hospital beds or wards for sick nurses; the establishment of club houses or coöperative apartments, and the assistance of new members with advice and information on all practical points of living and securing work.

Next, there are what one might call the simple or individual professional duties, those which affect directly the small local groups. Under this head may be classed all mutual efforts at self-improvement or culture, such as post-graduate lecture courses, study courses, organized post-graduate work in hospital or sanitarium, work on reports or

bulletins or journals published by the local association. Under this head, too, comes the duty of keeping the membership untainted; of knowing the character and standing of every member and of expelling any dishonorable individual without fear or favor: of setting a standard of ethical and professional conduct and seeing that it is lived up to as nearly as possible. To this division belongs also the duty of conducting ethical and professional directories or central offices where the members of the nursing profession who stand on an honorable plane may get calls for cases and for hospital positions. Finally, under this head comes a duty which has so far been little exercised by nurses, although it is well known to graduates of colleges and universities, namely, the duty of graduates to take continuous active interest in the status and policy and progress of the training school in which they were taught. It will be a new thought to many nurses that they could or should ever have anything to say as to the conduct and policy of their training school, yet to do so is not only simple but it is often urgently needed; and it has, moreover, been done with excellent results, so that the example is not wanting. It can be done in a dignified and fitting way by *organized* bodies of graduates. Probably few nurses are in a position to bring much individual influence to bear on training school matters, but an organized body can bring its views and suggestions before hospital directors and training school managers by resolution or petition in a way that is certain to receive attention and which may often be effective. As an illustration, we may mention the well-known action of the Orange Alumnae in petitioning the managers to lengthen the course of training to the highest standard with complete success. We also remember an instance where the Alumnae interfered successfully when a certain board of managers was considering a proposal made to it by a medical society to take over the nurses' directory.

We believe it is not only possible but essential for the organized graduates of schools to make themselves heard on important questions affecting their schools. Such action, of course, must never descend to petty interference, but must be limited to matters of principle. If, for instance, a base political element threatens the good name of a school (and our daily press has lately published such an instance), we hold that the alumnae should publicly and emphatically protest. We also are of the opinion that the Alumnae Association should ask for representation on the Board of Managers.

A third branch of work comprises all that may be called general social interests, such as sharing in the work of philanthropic or charitable or civic or reforming bodies of people. Under this we include such move-

ments as the war against tuberculosis; the various lines of activity taken up by women's clubs; great questions of public health and humane and decent conditions for working people, such as the work of the Consumers' League, the Woman's Trade-Union League, the warfare against Child Labor, the Pure Food agitation and the patent medicine crusade, as well as the various smaller questions of good, clean, decent house-keeping and home-making in cities in which women are now properly interesting themselves, such as public school hygiene, improved housing for wage-earners, small parks and playgrounds, and so on *ad infinitum*. In all such lines of work nurses are being more and more called on to take a part, and to know something about them, and to take an intelligent interest in them.

Fourth and last, we have the line of activity, which we may call the broad and specific professional work, which calls us to consider our educational conditions in nursing and brings us into relation with our State and national obligation. Such is the work of State legislation on which we have entered and which we dare never relinquish, but which will claim closer attention and more unremitting devotion as time goes on; for, like all educational work, it will never be finished, never be perfect, and can never be neglected without falling back into a degraded state.

We believe that nurses who have realized the magnitude and importance of these many lines of work pressing upon us, will generally agree that to deal with them justly requires new and specialized forms of organization. Not too few, but too many, interests have besieged the members of our Alumnae Associations and City Clubs, and in trying to respond to all they are often like the man who tries to be in three places at once. We believe that the solution lies in developing a general system of county societies, on strictly geographical lines, which shall include every county and State in our union, to specialize on the one sole branch of State legislation work. This will relieve our Alumnae and General Club members of a mass of detail which is growing larger every day and requires the individual attention of uniform groups formed to cope with State work and with nothing else; while the older organizations will be free to devote themselves to all those lines of work which they can do better than county societies.

It is evident that the first three divisions of work given can all be perfectly well done by the Alumnae Association or the general Club or Society, either singly or in affiliation, and that certain things could never be so well done by any group formed on purely legal or geographical lines. In many kinds of close personal work the tie of

early association is strong and almost like the family tie. But a large public work, such as that of our State societies, which bring us into dealings with men and legislatures must be organized in a way which they recognize. The county is the legal unit of the State and every legislator knows just what a county society means. The county society should include *every registered nurse* in the county and no others. We think it is most fortunate that county societies have not been organized generally at the outset of our movement when there was no recognized standard of membership. Now, the sole requisite of membership should be the R. N. of the State. In a rational division of labor the county society should undertake solely such work and details of work as belong to State registration. Preeminently the duty of the county society should be to ferret out cases of infraction or non-observance of the law, to know whether any woman in the county fraudulently uses the R. N., whether anyone has obtained the degree by fraud, and to bring proof of the same. A county society which diligently does its duty in guarding the standards set by the State law will have no time for anything else; and, if such societies undertake any of the lines of work coming under our first three heads, it is our opinion that they will simply become generally ineffective.

In our next number we will consider the question of how to reach individuals and keep up a general interest in organization work.

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#### DO PROPERLY TRAINED NURSES PRESCRIBE

A POINT of general importance to nurses was touched upon at the New York State meeting—that of the occasional disgraceful action of individual nurses in giving drugs without the physician's order.

Dr. Lytle spoke justly and candidly of this most reprehensible fault, and a nurse present mentioned a deplorable instance which had come under her knowledge. As nursing is rising into a profession the importance of strict ethical observance of this line of demarcation between the physician and the nurse cannot be too strongly emphasized.

If physicians have any just cause of complaint on this score, or if such instances as we heard at Niagara come to their knowledge, it will certainly greatly weaken the claim of nurses that physicians should be more "loyal" to them. In the case of New York State nurses, at any rate, some of them need perhaps to be reminded that a clause in the New York Act forbids the nurse to practice medicine. Perhaps the prosecution by the Medical Society of a nurse who had committed a breach of trust by recommending drugs might be a wholesome lesson.



We have always held that a *well-trained* nurse will never prescribe. This attitude has also been taken by those members of the medical profession whose loyalty to nurses is of a staunch and generous character. The physicians of England, whose testimony before the Select Committee was of such inestimable value to the cause of progress, all denied emphatically the suggestion that nurses, if highly trained, might err in this direction. It is only the partially trained or imperfectly educated women who will do this was their opinion. We believe this subject would bear examination in nursing centres, and that the bad taste of assuming a position which does not belong to one ought to be constantly reiterated.

The subject of Dr. Lytle's paper is one of great interest to all nurses but especially valuable to teachers of nurses. It should be studied carefully by all training school superintendents.

We shall give another paper bearing on the subject of the nurse's use of drugs in an early issue, written from the point of view and experience of a druggist.

#### PROPRIETARY DRUG LEGISLATION

SEVERAL American States are warring through their legislatures on patent or proprietary medicines, the enormous use of the which is fast becoming a serious menace to the public health and an alarming factor in intemperance, besides being one of the most colossal examples of that system of sham which is undermining the character of thousands of thoughtless or simple people.

It is not well known that most patent medicines contain large amounts of alcohol, with which often drugs of a dangerous character are combined, such as should only be given upon the prescription of a physician. Pennsylvania is asking that the dealers in such drugs shall pay the State license tax for the sale of alcohol; while other States are demanding the publication of the contents of every proprietary medicine on every package. It has been stated that *Peruna*, for instance, which sells at a dollar a bottle, can be made at home for eight cents, being practically nothing but alcohol and water with a little flavoring.

While the different States are taking action Congress will also be asked to pass a bill to be introduced by Senator Heyburn, of Idaho, which will deal with the whole subject of adulteration of foods, drugs, and liquors. Nurses, who have so much opportunity to advise and teach, should regard it as a public duty to warn patients and friends of the dangers of patent medicines and of adulterated articles. We are led to remember that one of the Superintendents' Society, Miss Ben-

field, of Philadelphia, has contributed to this reform wave by her article on proprietary drugs some few years ago in a popular journal,—one of the few which accepts no advertisements of such compounds.

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#### THE RED CROSS

We shall have an exceedingly interesting report of the Red Cross work for February.

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#### JUVENILE COURTS AND PROBATION WORK

We give in this number an account of the work of the Matron of a juvenile court which we are glad to present to our readers, not only because this is a new opening for nurses, but because the extension of the Probation System and Juvenile Courts for youthful offenders is one of the encouraging features of modern society which nurses ought to be informed about as intelligent members of society.

It is depressing to think that modern civilization does not keep children out of courts. But no one can for a moment dispute that, if the children must get into the courts, it is the imperative duty of motherly and large hearted women to follow them there. Such is the woman who sends us this contribution, and we think that, when the love of humanity is present, the nurse's training will equip one with distinctive capacity for this work. The number of States passing juvenile court legislation is constantly increasing and we shall give some more details of the spread of this legislation and its effects when the new report dealing with the whole subject appears.

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#### TUBERCULOSIS EXHIBIT IN NEW YORK

THE Tuberculosis Exposition just held in New York has been largely attended and has aroused widespread interest. Over 10,000 persons went to see it in the first week. The evening lectures brought together representatives from special bodies, such as the American Federation of Labor, the public school teachers, the physicians, etc. The plan is now to send the exhibit to Boston, Philadelphia and other large cities. We shall have a description of the exhibits from Miss La Motte.

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#### DO DISTRICT NURSES DO NURSING

AN article entitled *The Visiting Nurse and the Nurses' Settlement*, by Mary Buell Sayles, in *The Outlook* for October 31, raises a question of great importance in visiting nursing which we do not doubt—and especially since we have an organ of the district nursing

interests in the field—will receive full attention. It is, in brief, the point how much actual nursing work is done in visiting or district nursing, and how much is the work of practical nursing subordinated to the necessity of making a great number of visits? We are inclined to think that Miss Sayles, in her sympathy with the Settlement work and through possible uninformedness as to visiting work in general, has not done justice to the many organizations whose basic principle of work is careful nursing. On the other hand her remark that "workers along this line in other cities will do well to shape their endeavors" on the principles observed at the Settlement may only mean her recommendation for future work, and not necessarily that she infers that no other workers are now following lines of good nursing and intelligent interest in the family. Such an inference would, of course, be most inaccurate, and it is not likely she would wish this inference to be taken. It is true, however, that New York City shows examples among her many and varied forms of visiting nursing of both systems; and we fear that in the system of many calls and little nursing there is much of danger to the sound nursing standards of the nurse, and much that is unsatisfactory to the patient. A luminous truth is, that wherever we find visiting nursing work carried on under the management of nurses, good nursing work and humane care of the family, as a whole, are the rule; and where the visiting nurse is directly under medical control, as in dispensaries, this part of her work is as a rule subordinated to the actual carrying out of orders, application of treatment, etc., the patient not being regarded from the motherly standpoint but only as a case. We believe there is much need of exchange of views on this subject.

#### EXTRACTS FROM MISS SAYLES' ARTICLE

While to "visit the sick" has always been an enjoined part of the religious man's duty, and has been practiced by bodies of men and by individuals for many centuries, it is only within the last half-century, since the profession of nursing has become an essential part of our civilization, that the visiting nurse as we know her has come into being. Even to-day the ideals toward which she strives in her work are by no means always the same. Broadly speaking, there are two leading conceptions of her function which underlie what we may call the two schools of visiting nursing.

The first and older of these two conceptions is that of the nurse as the doctor's assistant, who may or may not accompany him on his rounds, but whose sole function is to carry out in each case his specific directions. The second conception makes the nurse responsible, not only for following the physician's orders, but for giving to each patient care closely approaching what he would receive in a first-class hospital.

Thus,—to illustrate by an example typical of many known to have occurred,—suppose the case of a patient suffering from rheumatism. A public dispensary physician is called in, prescribes, and sends the dispensary nurse to give certain specified local treatment. This she faithfully does; but suppose she finds that the patient has been confined for weeks to her bed, with no one to change or air the bedding, bathe her properly, or comb her hair. Still, acting as doctor's assistant the nurse cannot take time to minister to the patient's general needs, but, having carried out the physician's instructions, must hasten on to attend to other cases. When one learns that upwards of fifteen,—indeed in some cases, upwards of thirty,—visits constitute the ideal day's work for nurses of this school, it is at once apparent how brief a time must be spent upon each case.

What does the nurse of the second school do under the circumstances we have supposed? The physician's instructions are of course followed by her as carefully as by her sister nurse; but this is not all. She airs the room, makes up the bed with fresh sheets,—supplying these, if need be, from the store placed at her disposal by the organization which stands behind her; she gives the patient a complete bath, puts clean garments upon her, and gently combs out and arranges her matted hair. Day after day she continues this bathing and attention to the patient's general well-being, greatly alleviating her sufferings and furnishing by the way valuable and friendly neighbors. None of us who have watched the ministrations of a trained nurse in a well-to-do private family or a hospital ward will be surprised when, on inspecting the daily record of a visiting nurse of this type, we find that it shows but eight or ten visits, as over against the fifteen or twenty made by the nurse of the other school."

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#### PROGRESS IN SETTLEMENT WORK

AN interesting development of the family life of the Nurses' Settlement in New York is that certain members are taking residence directly in the tenements as Miss Wald and Miss Brewster did years ago, choosing their homes in those districts where their work is. Miss Johnson and Miss Forbes have a charming little home of three rooms and a bath on the East Side among the Germans, and Miss Bealy and Miss Simmons have an equally pretty one on the West Side in an Italian quarter. Mrs. Rallyea lives on Henry street, in an old-fashioned tenement in an Irish row. They all do at least the greater part of their own housekeeping, and deck their rooms with simple but pretty things typical of their neighborhoods,—Russian and Italian brass, and earthenware pottery found on the push-carts. Thus each little center becomes in turn a fresh nucleus for neighborhood work and individual interests as well as nursing.

### "CHARITIES" NURSING NUMBER

*Charities and the Commons* will issue a special number in February dealing with nursing work being done on special social lines, such as visiting nursing, public school nursing, tuberculosis work in connection with Boards of Health and special dispensaries, Nurses' Settlements, etc. Some of our best known and most capable women have promised to contribute to this issue, as it will bring the work in which they are interested prominently before an intelligent and sympathetic lay public. Miss L. L. Dock has become one of the collaborators of *Charities and the Commons* under the recent reorganization.

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### A NEW BOOK ON VISITING NURSING

MISS YSABELLA G. WATERS, of the Nurses' Settlement in New York, who has made an exhaustive investigation into district or visiting nursing in the United States, is preparing a book dealing with this branch of work which will include a complete bibliography of district nursing associations.

Miss Waters' investigation began with sending out one hundred letters of inquiry for a paper to be given at Portland. This was just enough to open the way and she has since then written several thousand letters, sending them to postmasters and other public persons in all parts of the country. As soon as her investigations are completed we will give some figures that will be of great interest, showing the rapid development of visiting nursing associations.

Miss Waters' book will be a most valuable addition to nursing literature.

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### PROGRESS OF STATE REGISTRATION

THE reports from Indiana are most satisfactory and encouraging. At the end of November certificates of registration had been granted to 275 nurses and applications were being received for many more. The leaders in this movement already begin to see great benefits in the raising of standards of education and in the growing recognition of professional status. As the Indiana bill went into effect only last Winter and the pioneer period was hardly yet passed, the reports are very satisfactory. The number of nurses to be registered is not as great in Indiana as in some of the other States.

### CALIFORNIA

There has been much difficulty in California in getting the registration law into operation because of the seeming unwillingness of the



Regents of the University of California to assume the responsibilities placed upon them by the legislature but there has been a conference between a committee of nurses, members of the medical profession and the Regents, and the outlook begins to be more encouraging.

#### MASSACHUSETTS

The meeting of the Massachusetts State Nurses' Association held in Worcester on November 16th was very largely attended and proved to be a most interesting occasion. The secretary's report, shown on another page, gives a comprehensive idea of the support which this association is receiving from prominent citizens throughout the State. The Massachusetts attitude towards State registration is most conservative, but eventually the nurses will carry the day. There is no State in the Union which needs registration more than Massachusetts. Both medical quackery and nursing quackery seem to be entirely unrestrained. It is interesting to know that "the nurse" who has figured so prominently in the recent dress-suit murder case served only a few months in one of the large hospitals of Boston, and in the newspaper notoriety has not been distinguished from the great body of reputable and skilful women which makes up the nursing profession of the State.

#### CONNECTICUT

The report of the Connecticut State meeting should have appeared last month, but was not sent us by the secretary until just as this issue is going to press.

#### WASHINGTON

The report is also found in the official department of the completion of the organization of the State Association of Washington. The distances in this State between the nursing centers are very great and organization will necessarily be slow. At the two great centers, Seattle and Spokane, are groups of intelligent enthusiastic women who will in time bring about the passage of a bill which will give proper protection to the public and to the nurses.

#### DISTRICT OF COLUMBIA

Once more the Nurses' Association of the District of Columbia is preparing a bill to present to the legislature and the members seem to be not in the least discouraged by the previous failures. We wish them success and advise holding to high standards even if failure results. Better no bill than one of half way measures.

## ILLINOIS

Illinois is again to the front. In unity is strength.

## NEW YORK

Again we remind the nurses of New York State that the last of the practical examinations and the first of the full examinations are to be held at the end of January and that applications for either one should be made at once to the Educational Department, Albany, N. Y. The terms of the waiver expire in April, 1906, after which time none will be granted the R. N. without taking a full examination, and only those graduates whose schools are registered will be eligible for the full examination.

Some of the New York Alumnae Societies are sending return postals to all graduates of the schools, irrespective of whether they are registered or not, reminding them of the date of the expiration of the waiver and this should be done by every organization in the State.

The Education Department at Albany has not thought it wise to grant the request of the Board of Nurse Examiners for the appointment of a nurse inspector of training schools, but has requested the members of the board to act as special inspectors in close cases. Miss Damer, Miss Hitchcock and Miss Palmer have already been called upon to make such inspections when the standard of work and teaching were difficult to determine.

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THE YEAR 1906

With the coming of the New Year the nurses of all countries may look forward with hope and satisfaction to the future; for at no time in the history of the world have so many varied opportunities for usefulness been open to them as to-day; nor are these opportunities likely to diminish but rather to increase. In all countries the prospects for advancing the status of nurses through better and broader education are bright, and in our own especially so.

The professional journals of the nursing profession have helped to bring about improvements and advances in a way that few realize except those who are directly observing public currents of thought. In the United States it is hardly possible to estimate the importance of our advantage in having the JOURNAL as an engine and organ of progress in the work of defining and building up standards. What it is to us we can realize perhaps by imagining ourselves in Russia, where men and women are willing to die to secure the freedom of the press.

We warmly thank our subscribers for their past support and are confident that we may continue to expect it. We want also to remind the great mass of nurses who are cut off from the work of leadership and who are unable to take a share in the responsibilities and anxieties of public work for the profession, that to subscribe to the JOURNAL is one practical and definite way in which they can do their share in helping on the larger work. No matter how secluded or absorbed, every one who feels a duty to the great general movement of progress can help in this way. To those who remain indifferent we would say: "Wake up! Look about you, and see the efforts being made on every side by small groups of people who think of the future and wish it to be better. Dare any of us enjoy the paths made easy by others' toil, and not do something ourselves to make things better for those who come after? 'Lend a Hand.'"

To old friends and new "A Happy New Year."

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*Charities and the Commons* in announcing its new publication committee and proposed enlargement of work says, under the heading "Facts Which the Public Should Know:"

"When at the beginning of the twentieth century a Missouri professor finds a lunatic chained to a log; when a legislative committee finds insane patients brutally whipped in Florida; when a Maryland Commission finds a naked maniac caged by county officials in a shed; when children and idiots are still housed together in almshouses of Vermont; when within a stone's throw of the White House and the Capitol housing conditions exist in the blind alleys of Washington which are a blot and a menace; when New Orleans is scourged by a fever bred in her neglected rookeries; when five boys grow up unlettered in a basement bag-factory in New York; when Georgia legislators vote down child labor bills annually and leave the children of their State less protected than those of Russia, or of the England of 1802;—there is compelling need for spokesmen who will challenge methods and theories with accumulated facts, who will resolutely work back from needs to causes, and who will stand out sturdily, as *Charities* has stood out, for new opportunities for the wage-earner, for new struggles against new forms of ignorance and selfishness, for new plans for lightening the burden of poverty, for new possibilities for the rescue of those who are drawn down by their unfavorable environment and the evil legacies of heredity, for new enthusiasms for American democracy."

**MATERIA MEDICA, PHARMACY, THERAPEUTICS \***

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BY ALBERT T. LYTLE, M. D.

Buffalo, N. Y.

I THANK you for the distinguished honor which your Committee of Arrangements has conferred by asking me to present to you my opinion in regard to the advisability of teaching materia medica, therapeutics and pharmacy to nurses.

It is indeed a pleasure to see so many earnest faces assembled here to-day from various parts of our great State and it surely permits an optimistic prophecy for the future advancement of the nursing profession, for increased benefits for the sick as well as, may I hope, for greater assistance to the healing art.

The proper consideration of the topic assigned to me depends somewhat upon the point of view taken in regard to the relation of the nurse's calling to that of the physician and to that of the pharmacist. I believe that there are two standpoints from which physicians view the professional relations of the nurse and the doctor—one is, that the nurse is simply a sort of well-trained servant whose only duty is to carry out the instructions given by the physician with the faithfulness and obedience of a well-drilled animal but whose other faculties shall not be called into requisition at all. The other is, that a trained nurse is in reality a skilled assistant left in charge of the patient while the master mind is absent, one who not only implicitly follows instructions but who also is expected to use all the senses in the observation of the various changes that take place, to note the many things which in the hurry of a professional visit may escape the attention of the most careful physician, and to keep the medical attendant properly informed concerning such observations that he may be aided in his contest with disease processes.

The dictionary describes a nurse as a caretaker of an infant, a person caring for the sick. This definition is very broad and is not the one that should be applied to the registered nurse. In the proposition to be considered to-day, the term nurse implies one whose life calling is the care of the sick, one who has brought to such duty an education and training commensurate with that which every member of any of the other professions is required to possess before such an one may

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\* Delivered at the Semi-annual Meeting, New York State Nurses' Association, Niagara Falls, October 17th, 1905.

practice the same. At present the State is trying to determine by strict investigation and careful examination who shall be included in the class of professional nurses and to designate such by the term "registered nurse"; while the sovereign people are ready to protect the holder of this honorable distinction with the powerful arm of the law. The title registered nurse implies the possession of a preliminary education of a certain minimum value which warrants that the individual is gifted with mental capacity of sufficient scope and power to properly understand the problems which are to be met in training for the profession; is in possession of a training in both the theoretical and the practical sides of the profession so that she shall have a comprehensive knowledge of methods for the solution of such problems as are daily presented by the duties of the calling, and is in possession of a certificate from the commonwealth granted after trial by a jury of peers, declaring that the holder has the knowledge requisite to properly practice the profession.

Considering my subject from the first standpoint; that is, in reference to those nurses who are expected to be simply automatons, it would be unwise, foolish, nay, dangerous to the public welfare to permit such individuals to possess any knowledge of drugs, of their compounding or of their action. Indeed from the mental powers necessarily required of such nurses one can hardly conceive their comprehending the elements of such vitally important subjects pertaining to the welfare of the patient.

There is no doubt that this point of view is fast becoming antiquated and but the argument of those indifferent alike to the best interests of the medical profession and the highest welfare of the helpless patient. On the other hand it must be conceded that so long as nine-tenths of the trained nurses remain unregistered and, in consequence of such almost criminal negligence, declare their desire to be classed as ignorant and incompetent, physicians and patients alike are fully justified in valuing the nursing profession at the standard set by the most ignorant and incompetent,—“A chain is no stronger than the weakest link.” Therefore all eligible nurses should quickly line up as registered nurses and obtain by concerted and unanimous effort competent legislation whereby injustice shall be corrected, wherewith the ranks of the profession shall be purged of empirics and pretenders, and so secure and maintain a high opinion from those who must act as leaders in the never-ending battle against the forces of the grim destroyer.

Considering my subject from the second standpoint, that is in reference to those nurses who are expected to be medical assistants and to handle, to administer and to note the effects of remedial agents, at



least some knowledge of the materials that enter into the formation of medicines, how such remedies are combined and what some of the effects of their administration may be, is an absolute necessity if the nurse is to be of the greatest possible aid to the physician in their common cause,—the care of the sick. I believe that no one will gainsay my attitude in this matter, any difference of opinion coming rather on the question of the quantity and quality of the education which should be required of the nurse in these important and essential topics. Assuming my position in this matter to be partially correct, how much of the voluminous materia medica should be taught to the nurse in training, how well should she be schooled in the technique of compounding remedies for use by the sick and to what extent should she be educated in the effect of remedies upon the organism and in the indications for their administration?

"A little learning is a dangerous thing;  
Drink deep, or taste not the Pierian spring."

is a saying of Pope, frequently quoted as emphasizing the folly of demanding a smattering knowledge of any subject; like all such aphorisms it is capable of being interpreted to meet the demands of the occasion. In professional minds this word "learning" means special knowledge or skill; that is, to be deeply versed in the learning of a profession. The knowledges that go to make up the learning of any one profession are hopelessly interwoven with those of many others, so that to be learned in any one profession of necessity implies an acquaintance with the empiric or the scientific knowledge, or both, of many others. The sum of human knowledge relating to the one profession of medicine is to-day so vast that to be learned therein would require the life span of many men to be compressed into a decade of the life of one man. To be a savant in either Anatomy, Physiology, Physics, Chemistry, Botany, Zoölogy, Mineralogy, Pharmacology, Geography, Bacteriology, Climatology, Histology, Microscopy, Pathology, Surgery, Internal Medicine, or Therapeutics requires years for the acquisition of the necessary special knowledge and yet a knowledge of these and many other professions is deemed essential for the aspirant for the degree of "Doctor of Medicine." If this is true, why not then a fair acquaintance with materia medica and pharmacy on the part of the nurse who is to handle and administer, even if under orders, these weapons of offense and defense in the struggle with disease. "Knowledge is power," but not that knowledge which is only empiric but rather that knowledge which is philosophic; the mere knowing of a fact is only partial learning but the learning that permits one to make use of that known fact is

indeed complete. In the professions of medicine and of nursing it is not the knowing of a string of fact-beads but the knowing how to use such a string of beads for the betterment of mankind that is the fruition of learning, the result of drinking deeply from the Pierian spring.

Not so many years ago the medical man went out into the fields, the forests, into the highways and the byways to gather at the proper time, materials which subsequently became his drugs; he was thus compelled from sheer necessity to know pharmaceutic botany, mineralogy, and zoölogy; many of these gathered substances demanded peculiar treatment before their essences or essential drugs were ready for extraction; these substances then went through certain processes for the extraction of the essential principles; next came their compounding or mixing for use as medicines and so the doctor was also deeply versed in pharmacy. To-day the physician knows hardly anything of these various substances except their names and pharmacodynamics, for the reason that since about 400 A. D., certain men have devoted their entire time, talent and money to pharmacology and to pharmacochymia until remedies simple and compound have been placed at the disposal of the doctor, which compared to those of the past are as fine gold to base dross; even the preparation or mixing of drugs for the use of the individual case, has largely passed from the hands of the doctor into those of the pharmacist so that to-day the physician has little or no need to be familiar with the actual crude drugs whose principles he prescribes but does not dispense.

The nurse for the reason that she only administers and neither prescribes nor dispenses requires but little knowledge of the *materia medica*, of their recognition, of their preparation, or of their compounding. Yet as the exigencies of her duties, depending upon the particular fields in which she labors, will often require their differentiation, it is all essential that she should have had drill in the simple recognition of many drugs. If she is managing the pharmacy of a small hospital or sanitarium, too feeble to employ a pharmacist, she must be able to determine the purity and identity of many simple remedies as, for example, ethyl or grain alcohol, methyl or wood alcohol, spirits of wine, proof spirits, stronger alcohol, pure glycerine from glucose, milk sugar, pure camphor, pure mustard and other spices, the various animal, vegetable and mineral oils and fats, calomel from corrosive sublimate, coal tar products from the bitter salts, the various inorganic and organic, solid and fluid acids with many of their more important salts; if in general nursing, she should be able to sift out the good from the bad, the safe from the unsafe in the family pharmacotheca.

The making by a nurse of a bread and milk poultice or of a mustard paste or the dissolving of boracic acid in water, if such are to be used as remedial agents, is a pharmaceutic process and the nurse is practicing pharmacy; thence it is but a short step to the compounding of more active drugs for use by the patient. The amount of compounding to be done by the nurse depends upon the location and the kind of practice followed; in the city with a drug-store on each corner, with every facility for accurate and elegant compounding, it would be foolish for a nurse or a doctor to try to combine drugs; but away back in the country, in the little mining town, in the small sanitarium, it might often be vitally necessary for a nurse to know how to mix the drugs at hand so that good and not harm might come. Again, a knowledge of how combinations should look, taste or smell would frequently prevent the administration of the wrong medicine, or possibly aid in determining the cause of effects that had been perplexing upon the giving of a certain remedy.

In a paper of this length it is manifestly impossible to outline a textbook on *materia medica* and pharmacy for nurses, or even to mention seriatim the drugs and their combinations with which the nurse should be familiar. The number and kind of remedies and their compounding that should be taught in the training schools should be just enough of fact with the how and the why to permit a conscientious student to continue the study if the conditions under which one worked after graduation demanded it—it is not necessary to know all the words and their meanings to be found in Webster's unabridged dictionary in order to write excellent English, but a knowledge of how to use the dictionary gives greater possibilities with less labor.

Up to the present the management of small hospitals is under the control of trained nurses from the graduate ranks, who have, to a greater or less degree, demonstrated executive and administrative ability; with the establishment of courses of study especially directed to hospital management and nursing pedagogics, a greater range of study will be required and more advanced skill will be demanded, in *materia medica* and pharmacy, of aspirants for such positions, than could be thought of for the average graduate; and the advanced school will supply the deficiency on demand.

In my opinion the training in *materia medica* and pharmacy should be wholly practical and confined to work in the laboratory and pharmacy; the ideal textbook on these subjects for nurses has yet to be compiled; it should be in the form of a tabular view of the ground covered in the laboratory and be simply a guide and a reminder, as

no descriptions or cuts can ever in any way take the place of the mental pictures made by the combined action of the senses,—feeling, seeing and tasting of the actual things themselves; while the mere doing of one combination is worth the memorizing of how to do a hundred others; the mental processes involved in compounding one remedy make one capable of appreciating how to do others from the descriptions in the text books. The greater number of the senses called into requisition in acquiring knowledge the deeper is the learning obtained.

So far the discussion has been confined to a consideration of the materials of medicine, their recognition as such and their mere preparation for administration and their combination into compounds for remedial purposes; in other words, what should be strictly considered the calling of the pharmacist. Hopelessly entangled therewith are the questions strictly belonging to the field of the physician's labors, which are, the physiological action of drugs on the human and other animals, and the indications for their administration and the effects of their use in diseased states.

All mankind considers himself perfectly competent to diagnose and to prescribe for the ailments of his fellow man. If for no other reason, it seems to me it would be wisdom to teach nurses therapeutics, that having knowledge they might act as missionaries to cry out against this pernicious and dangerous habit of the public. Yet in the possession and right to use that knowledge, necessarily empiric or historical only, is concealed a vicious possibility to which the very elect might succumb. Theoretically, no one, not trained in the cognate subjects of pathology, symptomatology, diagnosis, etc., should assume the responsibility of prescribing for diseased conditions, yet the pharmacist who has had no training whatever in the study of disease or in the observation of the sick, is daily violating this unwritten law; while the trained nurse frequently advises treatment, for what she fancifully calls her patient, aping in an unreasoning way, the method, not of her teachers, but of her master; fortunately for the nurse, the patient, and the doctor the elevation of the standard of the nurse's education is surely eliminating this foolish procedure, which is bound to discredit the intelligence and to injure the skill of the nursing profession.

Many of the most effective drugs in use as remedies exert powerfully poisonous effects upon the animal organism even when taken in small doses. Toward such remedies the patient often reacts in a peculiar way so that there is constant uncertainty about the result of their administration; this idiosyncrasy of mankind has invariably to be reckoned with in prescribing; it frequently so interferes with the administration

of the drug as to prevent obtaining the full therapeutic value of the remedy. Now how advantageous it would be to have in charge one conversant with these facts and ever on the alert to note the appearance of the first slight symptom of the toxic effects, so that the medical attendant could be immediately informed, the remedy stopped or a corrective given.

All drugs produce upon the organism in health and in disease certain constant effects peculiar to the drug which are called physiologic; when carried beyond a certain point these effects become pathologic or toxic. The borderland between the safe or physiologic effects and the unsafe or toxic effects is often extremely narrow and quickly passed; the toxic effects are at times extremely serious, even fatal, to life; to avoid such unpleasant possibilities the doctor often adds other drugs which prevent or neutralize such disastrous results, or he may keep the dosage well within the physiological or remedial limit and so lose the power which would come from carrying the administration almost to the production of toxic effects. How advantageous it would be to have in charge one drilled in the knowledge of the symptomatology of such toxic possibilities, to stop the drug at just the nice point between perfect safety and probable danger.

It is imperative that the registered nurse be thoroughly trained in the recognition of the physiological limits and toxic signs of all drugs, the administration of several succeeding doses of which, after the critical limit of tolerance has been reached, might poison the patient or else produce such deleterious effects as to interfere with the successful conduct of the case. For example, not only should the nurse be taught the toxicology of such poisons as the alkaloids, digitalis, morphia, strychnin, atropin, aconite, quinine and others but also of such apparently harmless drugs as the salicylic acid compounds, the coal tar products, like phenacetin, acetanilid, salol, the iodids, the bromids, the mineral poisons like mercury, copper, arsenic and others. This knowledge should be restricted to those drugs in most common use and should be acquired during training.

When it comes to a consideration of the advisability of teaching nurses the indications for the use of remedies, it is evidently absolutely improper and uncalled for; as much so as it would be to teach them how to amputate a limb, how to anchor a movable kidney, how to trephine, when and where to open an abscess, when or how to extract or to fill a tooth.

There are certain simple, important and well-defined exceptions to this statement. By all means the nurse should be familiar with antidotes



and remedies to use in cases of accidental poisoning; in cases of attempted self-destruction by taking poisonous doses of any drug; in cases in which the life of the individual depends upon the immediate active stimulation of a suddenly failing heart; in cases demanding the prompt clearing of the lungs and throat of a sudden accumulation of fluid or solid whereby asphyxiation is threatened; in certain cases of excruciating pain, the relief of which is imperative as in the sudden onset of the various colics; in cases of heat-stroke, angina pectoris, asthma, syncope, collapse and a few others. These exceptions are simply the preparation of the nurse to meet emergencies in which the simple element of time may mean the difference between life and death. These facts also should be thoroughly taught the nurse while in training.

In review permit me to say that nurses occupy, in reference to materia medica, pharmacy and therapeutics and the patient, a field midway between the pharmacist and the physician; ever to remember that from any view the welfare of the patient is the gauge of the labors of all; in consequence the nurse should be learned in all those matters which will supplement the duties of the pharmacist, which will complement the labors of the doctor and which will at all times conserve the well-being of the patient.

First:—Only those nurses who are “registered” should be permitted to practice “nursing;” others might be caretakers.

Second:—Materia Medica, Pharmacy and Therapeutics should only be taught in those training schools that graduate nurses eligible for registration and in a strictly limited and thorough manner.

Third:—Materia Medica and Pharmacy should only be taught in the laboratory.

Fourth:—Therapeutics should only cover the requirements for meeting medical emergencies.



**A NEW CRANFORD; BEING A MORE OR LESS TRUE  
ACCOUNT OF AN EXPERIMENT**

**DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST  
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING**

**By ISABEL McISAAC**

**Late Superintendent of the Illinois Training-School, Chicago**

(Continued from page 162)

**VIII.—CONCLUSION. TO BE TAKEN SERIOUSLY.**

THE writer appreciates that her readers have read her previous chapters in the spirit of nonsense in which they were written and in consequence finds it difficult to write with a degree of gravity which will carry any weight; but among the numerous inquiries from nurses all over the country about our experiment there have been those from tired women trying to discover a way out of the difficulties which beset them. These inquiries have been so frequent as to entirely exclude personal answers when one is busy and hampered with defective sight. There are a large number of nurses with good health and good practice who are able to continue in their work indefinitely and make ample provision for their old age. Next to them come the larger number who have parents or others dependent upon them, who may be able to nurse many years but are unable to save for the rainy day. The next group are those unhappy souls who find nursing too great a strain mentally and physically and after repeated breaks become heart-sick and discouraged.

Much has been written and said in this country regarding Dr. Osler's theory that men do their best work before the age of forty, and however much we may disagree with him we are forced to admit that his theory holds good in nursing. It is a lamentable admission to make but is sadly true in this country where we work with an eye to speed exactly as we drive our automobiles. It is not the same in England where people live more sanely and steadily according to established customs and not racing and running and shrieking after the new and novel as we do. I may be permitted to quote from Miss Dock who said, in speaking of the superintendent of a large training school in this country who thought of giving up her work, that "in England a matron who had been so long in her position would no more think of resigning because she was tired than a married woman would think of leaving her family for the same reason." However in this country of feverish unrest and

clamor for change no nurse of ordinary endurance can stand it indefinitely, and sooner or later must say to herself, "What next?"

I do not wish to be understood as altogether condemning the pace of our country, being too thoroughly imbued with the American way of doing things and being entirely in sympathy with the man who, when his doctor told him he could no longer carry on his strenuous life and had a very short time to live, turned savagely on the doctor and said: "Well, you can't take away the things I have done."

The main thing with us is to stop short of the breaking down place, thus leaving ourselves with enough strength and interest to divert into new channels.

Farming is an occupation illy suited to a large number of women whose tastes, health and early training unfit them for such work. Again for farming there really should be two not only to guard against the loneliness but because the indoor and outdoor work are so linked together that two moving spirits are needed.

If a woman has been fortunate enough to have secured a sufficient income to live and goes to the country because she likes it she may carry on such an undertaking easily and happily with hired help, but if she goes into farming as we have done as a business venture and to provide herself with a home she must have a love for the country, a willingness to work early and late, to wear impossible clothes, to find entertainment in the opinions of all her circle who think she has gone crazy, to study harder than she ever did in the training school, and to have sufficient means to live for at least two or three years until she gets beyond her probationary and blundering stage.

It is only in books and legends that wholly inexperienced farmers make money, and can run their farms without great expenditure. There have been many times when we would have been greatly discouraged but for the good counsel of a woman who had tried it and told us that the first year we would "do nothing but pay out and pay out, the second year would not be much better, but the third year the tide would begin to turn and after that we need not worry."

Living expenses on the farm are ridiculously small, very little money will run the household but the demands for tools of all kinds are something appalling. Take, for instance, vehicles: on this little place we have a wagon, a wagonette, which has two seats and will carry six or eight barrels of fruit, a buggy and a sleigh. Add to this light and heavy harness, stable and street blankets, fly-nets, lap-ropes and whips and one has a bill of no inconsiderable dimensions.

Building and repairs make another huge hole in one's purse, and

there is always something needed for the comfort or welfare of the beasties. Every month we say, "Next month there will be no extras," but the month with no extras has not yet arrived and is always in the vanishing distance; indeed, our finances are usually what would be termed "frenzied" in Boston. It certainly requires much courage and a keen sense of humor to meet an expenditure of one hundred and twenty-nine dollars in a month with an income from the farm of eighteen dollars and twenty cents, but fortunately Providence endowed us with an abundant sense of humor and enough courage to pull us through much discouragement, and while we may land in the poor-house sometime, we feel like the patient who said to the doctor: "You can't take away the things I have done."

When we cast up accounts at the end of our first year we found that our household bills for the year for food and supplies, not clothing, was the absurd sum of one hundred and thirty-seven dollars. At first we couldn't believe it, but when we took into account the milk, cream, eggs, poultry, fruit and vegetables for which we paid nothing it was easy to see that such an amount was ample for three persons. The things which make such enormous bills in the city are to be had for a little labor on the farm; even fuel is comparatively cheap here, for in all peach orchards the trees are short lived and must be constantly renewed which gives excellent wood for spring and fall and the kitchen fire on baking days in the summer.

But the farm, like the city, has one huge problem which is a constant drain and mostly very unsatisfactory; that is labor. To pay out forty dollars a month on a place that practically yields no income for one man, soon puts a hole in the bank account and forces us to do all we possibly can ourselves.

Taken as a whole, so far our farming has not paid, but this season has been a great advance over last; we have made many lasting improvements and are well supplied with the necessary tools, have cleared the place of worn-out trees and weeds which had collected under a long régime of renters so that we look forward with much less trepidation than last year and take vast comfort in our own home.

During the bleak November weather we find our thoughts turning from the dingy city streets, the chilly dreary boarding-houses with their eternal sameness of food, the noise and smoke of cars, the hurry and worry, to our own bright wood fire, the red lamp, the books and papers and above all that heavenly quiet and peace broken only by the sound of the lake and the big clock, whose voice is the most soothing, comforting sound in the world. And when to us comes news of one and an-

other of those dear nurses we knew who have fallen into sad fortunes, and are ill or dependent or homeless, we say devoutly, Thank God for the farm.

We take this opportunity to thank the many who have received our little experiences so kindly. The writing has been a pleasure although often lamely and hurriedly done, but if from them one discouraged nurse takes a new hold on life, they are not written in vain and we make no apology for their defects but say with Touchstone: "An ill-favored thing, sir, but mine own."

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### JUVENILE COURT WORK, FROM A NURSE'S STAND-POINT

By KATE HUBBARD

Matron of Juvenile Court, Spokane, Wash.

ANOTHER field has been opened to our profession, that is, Juvenile Court work, or that of superintending the Detention Rooms for Juvenile Delinquents. This work is still in its infancy, having been first established in Denver in 1899. After a good test, the State of Washington followed the example given by providing for Juvenile Court work which came into operation June 7th, 1905. Until that time, there had been a steady procession of children going to the Reform School; since the establishment of Juvenile Work, many children are given an opportunity to do better, this being done by releasing the children from the detention rooms, and allowing them to report to the matron or some other probation officer every week: by this arrangement the children have their freedom, but are still in the custody of the Court. Many times, thorough investigations have brought to light the fact that the child is not at all the true culprit, but that some older person, often his employer, has been the true cause of his falling into the hands of the law. Our readers can easily imagine how this is true. For instance, in our large cities, messenger boys are continually sent on errands to saloons, club-rooms, billiard halls, vaudeville theatres, and even worse resorts, the results often being that, exposed to temptations of all kinds, from which immature characters should be shielded, and which children and youths are not prepared to resist, they fall into delinquency. We must each ask ourselves the question: "Whose is the responsibility?"



The injurious effects of tobacco and cigarettes are often demonstrated, in cases too numerous to mention. The boy starts with an occasional puff at a cigarette, but soon becomes a confirmed smoker; studies in the school-room drag, his head is heavy, he fails at examination, becomes discouraged, and drops from the school rolls. His next appearance is in the "Juvenile Detention Room."

We need to realize that over one half of our prison population are recruited from the youth of our nation who arrive at the prison as a result of neglect in childhood. To prevent this and save the children is the aim of Juvenile Court and probation work. I will tell of the daily routine of the Juvenile Department in Spokane. This department is located in the County Court House and has had many donations since its establishment.

When the youths arrive, they are "booked," searched and taken to the baths, where a full equipment of hot and cold baths and showers is provided.

After a thorough examination they are given all the privileges of the institution and provided with games and reading matter. Card-playing, tobacco and cigars are forbidden. They are taught the care of the person, thorough every-day cleanliness and rules of hygiene.

Our day's work begins at seven, when we rise. After prayers and breakfast the matron takes the truants up to the Juvenile Court room (in the same building) where their cases are disposed of.

On Tuesdays and Fridays cases of incorrigibility, larceny, etc., are tried as well as the truants. Young prisoners who are allowed out on parole are requested to report to the matron every week, on a fixed day.

After returning from Court the rest of the morning is taken up with the practical teaching in cleanliness, hygiene, etc., already spoken of. Dinner is at 1 P. M., and afterwards relatives and friends may visit the children until 3.30. Then for an hour there is out-of-door exercise in the grounds of the institution, which are kept in good order by the trustees of the county jail, an adjoining institution.

Returning from play each child takes a bath and is inspected by the matron, clothes and person being examined.

Supper is served at 6, and the children spend the early evening hours as they wish, in their rooms. Lights are out at 8 o'clock.

**HINTS FOR NURSING IN YELLOW FEVER**

By JULIA M. SCHOPFER

Tours Infirmary, New Orleans, La.

As the germ in yellow fever is only transmitted from the infected person to those susceptible by the *Stegomyia Fasciata*, a domestic mosquito breeding in clear water, the first precaution in the arrangement of the sick room or ward is to have it carefully screened and free from mosquitoes. If one should in any way enter it must be destroyed without fail. For the first three days the patient is kept closely under mosquito netting and carefully watched that the accident of being bitten by a mosquito cannot happen.

An alkaline cathartic (as magnesium sulphate) is usually given on the first day of the fever and thereafter, to cleanse the bowels, a saline flush daily.

To stimulate free action of the skin a hot mustard foot-bath is often given, with hot orange-leaf tea to drink freely administered if the patient is not nauseated.

After the sweating, which is profuse, is over, the patient must be carefully dried and clothing and bedding changed.

Champagne with crushed ice is given to settle the stomach and for stimulation. Lithia water, Londonderry lithia, or Bethesda water are given freely. If the patient is nauseated they must be given in small quantities but frequently.

A sponge bath is given daily, followed by an alcohol rub. The mouth and teeth must be carefully and regularly cleansed with an antiseptic.

Mustard poultices are used to relieve local pain.

The temperature, pulse, and respiration are taken every two or three hours, according to the patient's condition. A slow pulse is characteristic of yellow fever. In some cases with a temperature of 103° to 104° there will be a pulse of 43.

The urine must be carefully measured, and tested daily for albumin. It is important to keep the bedside notes with great care and detail, recording all symptoms, with the amount and character of each urination and defecation. Great gentleness is necessary in changing bed linen and clothing as prostration is often great and the patient must make no exertion. In extreme prostration the use of the bedpan is sometimes prohibited and pads used instead. Linen and stools should be disinfected.

I will describe the features of a case I have nursed in one of our neighboring small towns: When the patient was first taken in charge he had had some temperature for about three days. He had had ten grains of calomel followed by a saline cathartic on the first day of the fever. After the three days spoken of his temperature fell to almost normal and remained so for about four days, rising on the latter part of the fourth day to  $101.5^{\circ}$  and continuing to rise during the night. He became very restless and complained of intense pain in the back of the neck and head, sleeping but little.

Early in the morning by order of the physician I gave a hot mustard foot-bath, and hot orange-leaf tea frequently, the skin responding most satisfactorily. As the physician thought there were malarial symptoms a hypodermic injection of quinine was given, and for twenty-four hours five grains of quinine were given at intervals of four hours, without, however, producing any effect. The patient's temperature was now  $103.5^{\circ}$ . The bowels were then thoroughly flushed with a normal saline solution, the fluid returned being highly colored, almost black. The flushing was continued until the fluid was returned clear. The temperature and pulse responded at once and the former fell gradually through the night. The patient slept well.

The intestinal flushing was repeated daily, in the same manner, the returned fluid becoming clearer each day. On the fifth the bowels were normal.

The nourishment given consisted of liquid peptonoids, champagne, egg-nog, and grape juice, alternating, every two or three hours, with plenty of water. This was the diet for six days.

The people in the little town thought that I endangered the patient's life by giving him a daily sponge bath followed by an alcohol rub. When the temperature rose to  $103.5^{\circ}$ , due to the absorption of the toxin, the general opinion was that he was being "washed to death."

In a previous yellow fever epidemic in this little town, it had been thought imprudent to either bathe or change the patient's clothing or bedding from the beginning of the attack of fever until the end, and this belief still remained with the people. Nevertheless a few of the patients who had undergone this treatment of the dark ages recovered. One of these told me how offensive his own clothing was to himself and how on getting up he had immediately taken off his long worn apparel, put it into the fire-place and burnt it. When he visited my patient and saw the cleanliness of the yellow fever patient of to-day, a smile shone on his countenance, as if agreeably surprised and pleased with the modern treatment.

## MISS E. H. RICHARDS' INVENTION

We are glad to note that one nurse has been wise enough to patent her invention. Miss E. H. Richards, a graduate of the Chicago Homoeopathic Hospital, 1898, has invented an appliance for a surgical bed, cuts of which we take pleasure in publishing with the specifications from the United States Patent Office, which read as follows:

[United States Patent Office. Emily H. Richards, of Oak Park, Illinois. Appliance for Surgical Beds. No. 893,193. Specification of Letters Patent. Patented Oct. 31, 1906. Application filed January 27, 1906. Serial No. 24,929.]

To all whom it may concern:

Be it known that I, EMILY H. RICHARDS, a citizen of the United States, residing at Oak Park, in the county of Cook and State of Illinois, have invented certain new and useful Improvements in Appliances for Surgical Beds, of which the following is a specification.

This invention relates to appliances for surgical beds, and more particularly to a device adapted to be used in connection with the usual surgical stretcher or with an invalid-bedstead, and has among its salient objects to provide a device which is complete in itself and adapted to be used as an attachment which can be readily and quickly applied to a surgical stretcher or invalid-bedstead for the purpose of supporting the patient during treatment in such manner that no wrinkles or folds of the bedding will interfere with his comfort or with the convenience of the operators, to provide an attachment of such construction that every requirement for the comfort and relief of a patient that is to be had in the various invalid-beds is met, and in general to provide a device of the character referred to, which is simple, efficient and economical.

The invention will be readily understood from the following description, reference being had to the accompanying drawings, in which—

Figure 1 is a top plan view of the device as attached to a stretcher. Fig. 2 is a transverse sectional view with parts in position, and Fig. 3 is a top plan view of a divided pad for use with the device.

Referring to the drawings, 1 and 2 designate, respectively, the side bars of the ordinary stretcher provided at their ends with the usual cross-webs 3 3.

The device constituting the present invention comprises a main hammock-like sheet of canvas 4, the ends of which are extended to the cross-webs 3 3 and pinned thereto, as at 5. At each side said canvas sheet is provided with reinforcing-strips of canvas or other suitable material secured thereto and forming longitudinally-extending bar-receiving pockets 6 6, in which are placed the bars 7 7.

8 designates a series of attaching or suspension straps passed through the canvas sheet and reinforcing-strips around the bars 7 7 and buckled around the side bars 1 2 of the stretcher.

By using the inserted bars 7 7 the supporting strain is uniformly applied to the sides of the sheet and the latter is stretched taut with a perfectly smooth surface, thus avoiding any cross wrinkles or folds or ridges to interfere with

the comfort of the patient, as would be the case if the suspension-straps were secured directly to the fabric without the use of the longitudinally-extending bars 7 7.

10 designates an underlying strap-like web portion which is secured to the side of the sheet, as at 11, Fig. 2, and adapted to be passed underneath and transversely across the sheet in such manner as to cover a central opening 12 therein, said web portion being provided with a series of suspension-straps 13, provided with rings 14, which when passed around under the side bar 2 are attached to the snap-hooks 15, arranged at the opposite side of the sheet.

16 designates a quilted pad adapted to be applied to the sheet or hammock member 4, as indicated in dotted lines in Fig. 1, said pad being provided with a central opening 17, adapted to register with the opening 12 in the sheet 4 and also divided from said opening 17 down to one end, as indicated at 18, Fig. 3, so that it may be readily adjusted to position and removed. Said pad is pinned in place, as indicated, by the pins 19.

While I have herein shown and described what I deem the preferred embodiment of the invention, it is obvious that alterations and modifications can be made in the details of construction and arrangement without departing from the spirit of the invention, and I do not, therefore, limit the invention to the details here shown, except in so far as such details are made the subject-matter of specific claims.

I claim—

1. An appliance for use in surgical operations, comprising a supporting member of sheet material provided at its sides with a pair of longitudinally-extending bars, suspension-straps connected with said bars for securing said supporting member of the side bars of a stretcher or bedstead, means for securing the ends of said sheet member to a part of said stretcher or bedstead, said sheet member being provided with a central opening, and an underlying strap-like web portion secured at one end to said sheet member and adapted to be extended across the same transversely to underlie said central opening and attached at the opposite side of said sheet member.

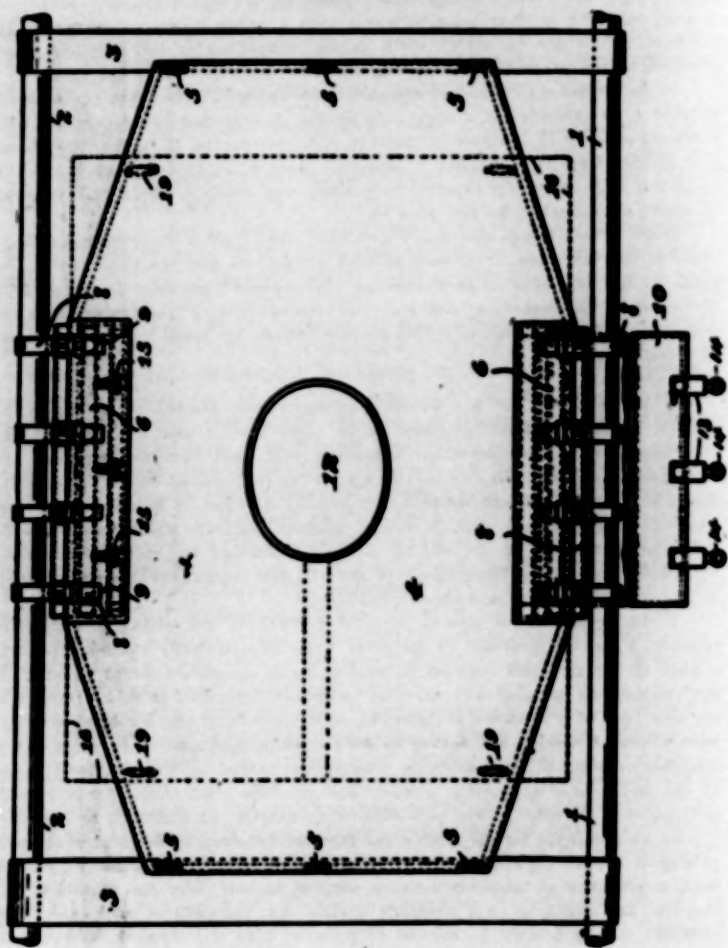
2. An appliance for use in surgical operations, comprising a supporting member of canvas provided at its sides with longitudinally extended pockets, a pair of bar members inserted in said pockets, suspension-straps attached to said supporting member and said bar members for securing said members to the side bars of a stretcher or bedstead, said supporting member being provided with a central opening and having its ends extended and secured to parts of said stretcher or bedstead, an underlying, transversely-extending, web member attached at one end to said supporting member and provided with means for detachably securing it to the other side of said supporting member, substantially as described.

3. An appliance for use with a stretcher or bedstead in hospital work, comprising a supporting-sheet provided at its sides with longitudinally-extending bars, a plurality of suspension-straps secured to said bars for attaching said sheet to the side bars of a stretcher or the like, the ends of said sheet being extended to and detachably secured to parts of said stretcher, said sheet being provided with a central opening, an underlying, transversely-extending web member detachably secured to said supporting-sheet in alignment with said opening, and a divided pad detachably secured to said supporting-sheet, substantially as described.



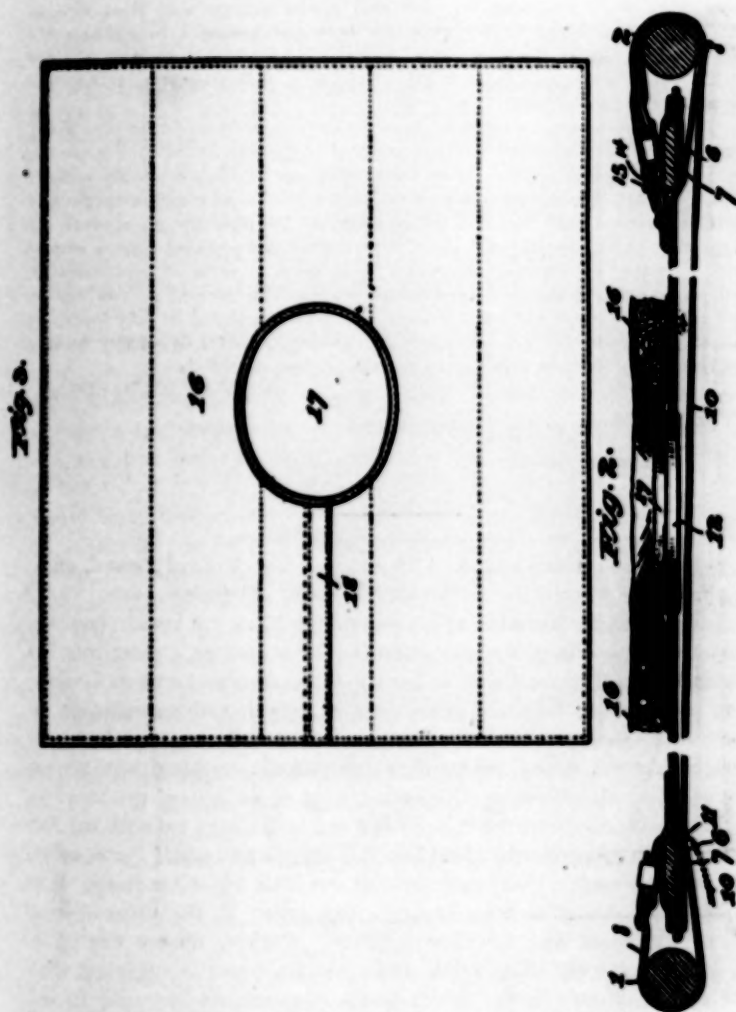
Fig. 1

PATENTED OCT. 31, 1906.

E. H. RICHARDS.  
APPLIANCE FOR SURGICAL BEDS.

Figs. 2 and 3.

E. H. RICHARDS.  
APPLIANCE FOR SURGICAL BEDS.



4. An appliance for attachment to a stretcher or bedstead in hospital work, comprising a canvas-sheet member provided intermediate its length at each side with a longitudinally-extending pocket of a length sufficient to extend opposite the chief weight-supporting part of said sheet, a pair of bars of corresponding length inserted in said pockets, a plurality of suspension-straps, each provided with a length-adjusting buckle, distributed at regular intervals apart throughout the lengths of the respective bars and each passed through said sheet member inside of and adjacent to the respective bars and arranged to embrace the corresponding bars of the stretcher, and means for detachably securing the end portions of said sheets to parts of said stretcher in such manner as to hold the canvas sheet longitudinally taut.

5. An appliance for attachment to a stretcher or bedstead in hospital work, comprising a sheet of canvas material provided at its sides in the middle portion thereof with reinforcing-strips of canvas forming longitudinally-extending pockets, a pair of bars inserted in said pockets, suspension-straps passed through said sheet and around said bars and the side bars of the stretcher or bedstead for supporting and tightening said sheet, said sheet being provided with a central opening, means for securing the ends of said sheet to parts of said stretcher, and an underlying, transversely-extending web portion secured at one end to said reinforcing-strips and passed across said central opening in said sheet and around the side bars of said stretcher, and holding-hooks for detachably holding the end thereof substantially as and for the purpose described.

EMILY H. RICHARDS.

Witnesses:

FREDERICK C. GOODWIN,  
ALBERT H. GRAVER.

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THE USE OF RYE BREAD IN DIABETES.—The *Medical Record*, quoting from the *International Medical Journal of Australasia*, says: "M. C. Lidwill has for some time been prescribing black rye bread (pumper-nickel) in the case of diabetic patients. It is used as a substitute for wheat bread. The results of its use are entire disappearance or diminution of the sugar from the urine, gain in weight, and contentment on the part of the patient. The writer was led to the use of rye bread by the craving and empty feeling of which patients complain who are on the so-called diabetic diets. He sums up the advantages of rye bread as follows: It is satisfying; it stops the empty feeling; patients eat but little of it in proportion to wheat bread, about one and a half loaves sufficing for each week. This bread contains but little digestible starch; it is a laxative, combating constipation. The sugar in the urine during its use decreases to a considerable extent. Patients do not tire of it. It is a cheap food. The writer adds that rye bread is employed with the greatest benefit in the milder forms of glycosuria met with in the middle-aged or old."

## THE CARE OF NERVOUS PATIENTS

BY MARY JOHNSON SHEPPERSON

Brooklyn, N. Y.

### I. THE SICK-ROOM.

THIS should be sunny and airy. Cartridge paper is more restful than figured, and walls kalsomined with some soft color are also good. Pale greens are the best tints: is not green nature's tonic? Let us follow nature. Red should be avoided. The use of red street signs in a certain section of Chicago, so the story goes, largely increased crime. Plain white muslin curtains, undotted, with dark green or dark blue shades, are best for the eyes. Blinds are better than shades, however, as they admit more air and do not "flap." Glare should be avoided, but this does not mean a continuously darkened room. Let the light filter in little by little, until the full sunshine can be borne, even if only for a few minutes daily. An oiled or painted floor with neutral tinted rug is best—simply a small one by the bed, that the feet may not be chilled by the bare boards if slippers are forgotten. Use a gold and white toilet set, and avoid fancifully carved furniture. The bed is, of course, of iron. Avoid pictures or ornaments, save perhaps one landscape—still water makes a restful background—or a cast of one of the strong, reposeful faces of the olden art. The vase of flowers—may I suggest all of one kind?—is indispensable. The faint odor of perfume, when agreeable to the patient, is of some slight help. Do you see the aim of these hints? *When in the room the brain should be undistracted.* How many make themselves nervous by making patterns out of carpet, wall-paper, or furniture! Thought should be directed to the beautiful, concentrated on a few things, or else held in abeyance. The landscape, the vase of flowers, the window view,—preferably on a garden,—will stimulate the desire for outdoor life, for activity. The patient gains faith in his own strength *to do*. With his "I can," half the battle is won. The doctor and he stand shoulder to shoulder in the fight for health, and victory is assured.

### II. THE PATIENT.

**Dress.**—White is most restful, with perhaps a bit of color at the neck. Avoid figured goods and black. If the last must be worn, suggest black and white and laces.

**Food.**—This should consist largely of milk and its combinations.

Dainty service is an essential feature. The dish garnished with lettuce or parsley is an appetizer.

*Occupation.*—Sleep is perhaps the most profitable. Patients, like children, are "always good when asleep." Naps afford recreation time to doctor and nurses—"a good time all around." Reading should be varied. Something solid enough to require a little thought and slight concentration is good in small doses. Pathetic stories and violently funny books are bad, as over-arousing the emotions. Books about Nature are good, as stimulating a desire for outdoor life, as are also rhythmic but not melancholy poems,—some of Shelley's or Mrs. Browning's *Pan*. Light calisthenics and Delearte, especially the exercises for head and spine, should find a place in the day's programme. Needle baths and the spinal douche, 80° to 100°, for from one to three minutes as the average, and the ten minutes' hot bath at night, 98° to 100°, are indispensable. It is the opinion of some physicians that cold plunges in the morning should not be taken by neurasthenic women, as they believe it engenders congestion in the ovaries. The ordinary cold sponge is, in some cases, notably of poor circulation, also to be used carefully. A dry flannel rub may be substituted. The electricity thus obtained, like that of the human hand in massage, is invaluable. Regular electrical treatment, however, Weir Mitchell counts of little value. Wet packs are good, and moist steam. In walking, care should be taken not to overtire the patient. Remember "the way home" and conserve strength. City patients should not take country walks alone. The cows, dogs, of which nearly every house owns at least one, lonely stretches of field, and wood, are all sources of terror. A change of scene is good, but we all love the familiar. One patient regularly passed some tenements and a red brick building in her daily walks, and they, with the railroad cars were her great solace. She was a city woman. Another spent eight weeks in very beautiful country, and then, homesick, rested in another city, not her own. Monotony is a common cause of insanity. When weary of the country, we believe that a stay in the city at some quiet boarding-house is preferable to a sanitarium. The theatre, concerts, park, museums, taken moderately, are all so many avenues for the entrance of new and health giving thoughts. The noise of the city is so familiar as to be unheeded. One patient who had discouraged both doctors and nurses by her frequent weeping was permanently cured when she reached the city. Books of city views, then, are often great comforts to city patients, and familiar country scenes to the country woman.

An interest in botany or entomology may be wisely cultivated; also



sketching. The rhythmic motion of rowing is good, and out-of-door sports may be practised if not too violent. Quiet, but not sad, music is soothing. Sewing, if enjoyed, is helpful, but there should be no fitting, cutting, or other "fussy" work. Embroidery—preferably floral rather than conventional designs—and knitting are two good "standbys." Expect, insist by gentle suggestion, on "something accomplished, something done." It will win a night's repose, often better than a hypnotic.

Avoid too much conversation. Nervousness is often largely a state of being "talked-out." If "something is on the mind," however, "deferring the evil day" helps little. "Open confession is good for the soul." Let a woman talk and have her own way, the last, as much as possible, and she will soon be herself again.

### III. MANAGEMENT.

"The best discipline is that which is conspicuous by its absence, that which works unseen." By an appeal to intelligence and by kindness and firmness a patient is quickly brought into coöperation with the medical attendant. Without the help of the patient little can be accomplished. One must have "faith in the doctor." Without it, Christ Himself could do no "mighty work." Never command. People dislike to be treated like children. Suggest, and *take it for granted* that you will be obeyed. The influence of mind upon mind is great. Your distrust produces aggressiveness, and hence a struggle. If the patient wins, it is the story of the runaway horse repeated. She glories in her conquest and is ready to repeat it at any moment. Rebellion is contagious—others will follow in her train. Victory on the part of doctor or nurse is usually accompanied by violent dislike on the part of the patient. The emotion of hate is one of the most virulent, and a strong-willed woman, one hard to manage, is usually a good hater.

*Never threaten. Never lie.* Suggesting some cruel and impossible treatment for hysteria is absurd. Fright or anger replaces the emotion of sorrow, but are either better emotions? The poor hearts crave sympathy, and tears are a God-given relief. How great is the anguish when one cannot cry, when the tear-ducts refuse their office! A certain amount of crying is good for babies, and a good cry often rests a tired woman as nothing else does. The effort of repression often brings on violent headache and nausea. The longer, too, the fit of weeping is delayed the more violent and protracted the seizure. Muffle the head, if necessary for the comfort of others, but let the patient cry freely. A little girl of my acquaintance had a tiny crying-cap—her great comfort. We are but "children of a larger growth."

Trust your patients. Do not watch them. Constant espionage excites in the mind the very desires against which you are striving. "Experience is the best teacher." If necessary for the lesson, let the patient become over-tired by coming downstairs too soon. It is less injurious than a constant clash of wills. The refusal of food is often simply a desire for attention—an effort to be peculiar. Ignore it; the stomach can rest without harm. Rectal feeding is often an encouragement of obstinacy. The patient enjoys taking the nurse's time and having the doctor solicitous. If she for one moment imagined that she would be left to starve, she would eat at once.

As for nervousness at night. When the nurse has been aroused because of "burglars," and the patient has slept almost none at all, she should get the rest and sleep the day following in bed. A light diet because of being in bed might follow, if the "burglar attacks" were frequent. Never let a patient think, however, that you are punishing her. It hurts a sensitive soul and is galling to the pride. Patients are completely at the mercy of doctor and nurses. Let them not find your "tender mercies cruel."

A sense of humor is a "saving grace."

Prompt common-sense is indispensable. "I die to-night," said one, flourishing scissors (an oft-repeated threat), "you pray with me to the end." "Well," was the reply, "as nothing can deter you, and you threaten my life if I interfere with you, hurry, so I can pray and go to bed." "Your remarks," said the patient, "are unfeeling. You are neither a lady nor a Christian." "If you are not dying, or those scissors are not put in my hand at once, I shall send you to an insane asylum," was the even response. "Since I am perfectly sane, and you very erratic, to avoid any unpleasantness, take the scissors." Entreaties had vainly occupied about two hours.

Sociability is a great factor in healing. Do not leave a patient alone from morning to night. Encourage short calls on neighbors, going to amusements and church, playing games, writing cheery letters. "No man liveth unto himself." When patients are cross, however, silence is best. Every remark or attempt at conciliation will be misconstrued. "Silence," in such cases, is generally "golden." Agree with your patients as far as possible. If you must disagree, praise their common-sense on some other point, first, then tactfully state your case, and withdraw quickly.

Tact, common-sense, firmness, cheerfulness, confidence in oneself, which inspires self-confidence, and so health, in the patient, are the main, the indispensable, requisites in doctor and in nurse.

**OUR RESPONSIBILITY WITH REGARD TO THE TUBERCULOSIS PROBLEM\***

By EDITH P. JONES

Nurse in Charge, Muskoka Cottage Sanatorium, Gravenhurst, Canada

THE great battle against tuberculosis which the twentieth century already is witnessing demands of every trained nurse the most careful thought and active interest. The average nurse has very little opportunity for studying phthisis in its incipient stage, owing to the restrictions in many hospitals against accepting tuberculous cases, and she generally regards a consumptive as, necessarily, an emaciated, coughing, and hopelessly-ill patient. Pulmonary tuberculosis is so insidious in its attack that very often, indeed pitifully often, the patient is already beyond the possibility of cure before his disease is recognized.

The part that the trained nurse can play in the great crusade against tuberculosis is exceedingly important. She is a woman who bears a responsible position in her community by reason of her experience and education. Her word and advice are regarded with respect. She goes in and out of the homes of our cities, towns, and villages, and even in the remote country district her aid is sought. My desire is to sound an appeal to the great army of nurses on private duty, amidst all classes of society, urging upon them the necessity of making a firm and constant effort towards the eradication of tuberculosis. The need for coöperation in fighting "the great white plague" is strongly expressed by Dr. S. A. Knopf, of New York, who says: "In order to successfully combat tuberculosis of the masses, the combined action of a wise government, well-trained physicians and an intelligent people, is needed." Now, considering the position of the trained nurse of to-day, is it not apparent that her place in the struggle is as a connecting link between physician and people?

First let every nurse acquire a full and detailed knowledge of the prophylaxis of the disease as taught by the most scientific and well-informed physicians of the day; then let her teach to the people whose homes she enters the measures they can adopt towards the prevention of this cruel disease. If every nurse will thus conscientiously do her part the amount of assistance rendered to the medical profession and of good to the people at large will be incalculable.

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\* Read at meeting of Colorado Trained Nurses' Association, Boulder, Colo., Oct. 12th, 1905.

Nurses must fully comprehend a few leading facts about consumption. The person suffering with tuberculosis may not be a "patient" at all. He may be a visitor to the family where the nurse is engaged, or one of the household who "has a cold that he cannot shake off," or who "seems to have a slight cough but does not think anything of it," or who is "run down and has indigestion and feels lazy all the time." Often a remark similar to these is the first that one hears from the lips of an incipient case of pulmonary tuberculosis. He may not have considered his indisposition of sufficient seriousness to consult his physician. Here is the opportunity for the alert and progressive nurse to begin her good work. It were better to be mistaken in suspecting many cases as tuberculosis which are not than to fail in detecting one which is. Let the nurse be ready to speak quietly but firmly and tactfully, to prevent alarm, to the one who has aroused her attention, and urge him to see his physician, pointing out that serious lung trouble may sometimes first manifest itself in that way. If this were done throughout the country surely many and many a man or woman, acting on the trained nurse's suggestion, would consult his medical adviser, and his disease would be discovered before his chance of recovery was gone.

Next the trained nurse must necessarily meet many people who already are in a semi-advanced stage of tuberculosis and who themselves fear it. In her talks and visits with these people she can wonderfully assist the hundreds of physicians in America who are giving their lives and devoting all their learning to the furtherance of the great cause. She can let them know by her own firm belief in what is now an unquestionable fact—that consumption can be cured. This must be faithfully preached that the old idea of its incurability may be overcome.

Again, in how many homes will the nurse find unsanitary arrangements, imperfect ventilation and darkened rooms, and what broad opportunities are here, as she lives among "the people," to teach them that the tubercle bacillus, the cause of this dire disease that yearly claims thousands of young lives, is harbored and propagated by just such means.

The tubercle bacillus is a fungus which can be rendered inert by the two most easily obtainable agents in the universe—i. e., fresh air and sunlight. It cannot remain virulent for more than 24 to 48 hours in fresh air and for more than 2 to 3 hours in sunlight. The value of "fresh air in the home and sunshine in dark corners" can be at once recognised. No sane person would drink stagnant water, and

yet how many to-day are breathing stagnant air! A nurse can point out to the family, with whom she is temporarily living, that it is necessary to breathe pure air 24 hours out of every 24 to maintain a proper standard of health. It is not a simple matter to show that rooms must have a constant, a never-failing supply of the air that Nature intends man to breathe. But it must be taught with persistent effort, and relentless force, this great Gospel of fresh air. And with it the need of sunshine must be emphasized. Bedrooms and living rooms must never have one ray of sunlight excluded that could be admitted. These matters are commonly known but they need to be impressed on the mind of the average householder. And again I call upon the nurses to be the messengers of truth into the homes of our country, and never to fail to teach and to teach again, and yet over and over again, the need for the home to be flooded with pure out-of-door air and sunshine.

Another responsibility which confronts the nurses is in regard to the disposal of sputa from persons who may or may not be known to be suffering with tuberculosis. It would be well if the trained nurse would teach every person, tuberculous or otherwise, to be careful in the disposal of all mouth secretions.

In bronchitis, post-nasal catarrh, influenza and other diseases, where there is abnormal secretion, there should be no indiscriminate expectoration, but all discharges should be either burned or sent down the sewer.

In nursing a case of phthisis the following details should be observed as faithfully as the rules of asepsis at an abdominal operation. Burn all sputum before it has time to dry. One bit of cotton or paper used once must immediately be wrapped up in itself and never opened again but consigned to the flames before it dries. If sputum cups are used they must be kept securely covered to prevent evaporation and to keep out insects. The patient must hold a piece of paper or cotton in front of the lips while coughing to prevent flecks of saliva or sputum being coughed on to his clothes or bed covers. If possible he should cough with lips closed. Separate handkerchiefs must be used for nose and lips. Small bits of old cotton are preferable for the latter as they can be burned. Teach the patient that he can reinfect himself by coughing.

Moustaches should not be worn as they are invariably soiled with sputum, and consequently dried sputum is inhaled. Kissing upon the lips is dangerous. Many cases of tuberculosis are traceable to infection received in this manner.



All dishes used by a phthisical person should be scalded. It is in the care in detail of all articles likely to be smeared with saliva or sputum that the disease is prevented from spreading.

Finally, let every nurse feel it her duty and privilege to teach, whenever occasion permits, the need for regularity in the habits of life; temperance in the use of alcohol, the abuse of which is the predisposing factor in many cases of tuberculosis; cleanliness in all things; carefulness and discretion in the choice of foods, which are the repairers of the waste caused by disease; and lastly the need for courage, good cheer and optimism as preventives of a lowered vitality.—the open door to tuberculosis.



**THE NUTRITIVE VALUE OF AN EGG.**—The *New York and Philadelphia Medical Journal*, quoting from a French contemporary, says: "An egg which weighs 60 grammes contains 13 grammes of available material; 7 grammes of albumen and 6 grammes of fat. The carbohydrates are completely missing. Of the 7 grammes of albumen, 3 grammes are found in the white of the egg, 4 grammes in the yolk. The 6 grammes of fat are found in the yolk. According to Voit, one egg corresponds to 150 grammes of milk, to 50 grammes of meat, and gives 80 calories. It is easily digested, especially if the egg is cooked in the shell, and it does not remain in the stomach more than one or two hours. Prepared on a plate the nutritive value is increased by the addition of fat, but its digestibility is diminished."

**FLUOROFORM FOR WHOOPING COUGH.**—The same journal quoting an abstract of a paper in the *Therapeutische Monatschrift*, appearing in the *Edinburgh Medical Journal*, says: "Stupp extols a two to two and a half per cent. solution of fluoroform, dissolved in water. The dose is a teaspoonful every hour for babes, while older children receive up to a tablespoonful. The paroxysms in twenty-two cases treated under one year of age diminished in number and force from the day of commencing treatment. The duration of the characteristic cough was reduced from six to eighteen days. The drug is tasteless, odorless, and apparently harmless, but rather expensive. It belongs to the chlorine, bromine, and iodine series of drugs, but is much more powerful than the others."

## BOOK REVIEWS

IN CHARGE OF  
M. E. CAMERON



**NURSING: HINTS TO PROBATIONERS ON PRACTICAL POINTS.** By Mary H. Annasly Voysey. London: Scientific Press, Ltd.

This little book calls attention to a fact which is constantly noticed by readers who compare the books written by and for nurses, in England and America. I mean the extreme diffidence of the American nurse, and the enterprising spirit of the English. It is the rarest thing to find an American nurse who dares face her critical sisters in the literary field. In England, on the contrary, nurses enter the lists with apparently no other equipment than a more or less limited knowledge of the subject on which they propose to write. The result is very often just such a book as Miss Voysey gives us—the practical matter excellent, but often expressed in English which requires to be translated to be understood. A great many localisms are used which are probably as unfamiliar in other parts of England as they are in America—but surely it is more careless, slipshod writing on page 18, line 15, where the nurse is instructed that the bed be “covered by a blanket to prevent a chill.” The provincial mind reveals itself on page 23, where the delinquency of a sister province is announced in an interjection following “Beds for Rheumatic Cases” and before “Fracture Beds,” viz: “Bolsters are used loose in Scotland, and not rolled in the sheet. Some hospitals in Scotland do not use bolsters at all.” There are mentioned in this book, as in most of the English nursing books, those various foreign sounding articles unknown on this side of the water, “black soap,” “brown wool,” “gumee jackets,” and many others.

**THE NURSING OF SICK CHILDREN.** By James Burnet, M.A., M.D., M. R. C. P. (Edin.); Registrar and Assistant to the Extra-Physicians, Royal Hospital for Sick Children; Senior Clinical Medicine Tutor, Maternal Wards Royal Infirmary; Physician to the Marshall Street Dispensary, Edinburgh. Author of “Manual of Children's Diseases.” London: Scientific Press, Ltd. Price one shilling.

The reader who misleads herself by the very comprehensive title of this little book into buying it, is doomed to woful disappointment. The instructions are announced as lectures, or a lecture, given presum-

ably to probationers or pupil nurses, and the recipients of the lecture are exhorted to take down every word in a note book and carry the same in their apron pockets. They who obey the behest of their instructor do not accept any large contract, for it is hardly possible to understand why such slight matter should be printed, bound, and offered for sale.

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FREDERICK C. HOWE, in his book, "The City, the Hope of Democracy," says: "A large part of the uplift which has come to our cities in recent years is traceable to the activity of woman. Through them most of the movements which relieve the burdens of the poor have been inspired. Back of the settlement, the small park, the kindergarten, the crèche, the juvenile court, the schools, and the libraries; back of the Consumers' League; of the movement for the abolition of child-labor; back of many a movement for bettering the conditions of life in home, shop and factory, is the influence of woman. To woman the city is more than an incidental problem. It touches her in a thousand ways. No one suffers more from bad government than she does, and no one is more interested in good government. Moreover, municipal administration is a housekeeping agency. That is what the Germans call it. Its activities are social and domestic. To man, the city is primarily a centre of industry. He measures it by commercial standards. He views its activities and efficiency from his office, his factory, his pecuniary interest. Woman, on the other hand, sees the city in the light of a home. The vice, the saloons, the schools, the libraries, the water, gas, and transportation questions are to her questions of the family, of the child, questions of comfort, of happiness, of safety. We should coördinate these interests, should open the ballot to her voice on these questions. Probably no single reform would mean more for the ultimate if not the immediate betterment of conditions than the adding of woman's voice and counsel to the management of city affairs."

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DR. GEORGE M. GOULD, 1729 Walnut Street, Philadelphia, will be grateful for any trustworthy information as to the methods which have been devised by the blind in overcoming their disability or in gaining a livelihood. Accounts of such lives, anecdotes, references to literature, etc., will be appreciated. Can nurses furnish any such details?

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



**DOSAGE OF ANTIDIPHTHERIA SERUM.**—The *Journal of the American Medical Association*, in an abstract of a paper in *Hygica*, Stockholm, says: "Suber tabulates statistics from various countries to sustain his assumption that antidiphtheritic serum should be given in large doses (5,000 to 15,000 units) in the severer cases of diphtheria, irrespective of age. The moderately severe cases can be treated with moderate doses (3,000 to 4,000 units). Intravenous injection in the extremely severe cases has a prompt and certain curative action, without serious by-effects, even when colossal doses are used. He claims that the published statistics show that insufficient doses have been given in many instances. Injection of large doses of the serum also proves effective even against diphtheritic paralysis. He rejoices that the price of the serum has recently been reduced in Sweden, and urges that all the local boards of health and hospitals should be provided with the serum for preventive injections at need, free of cost."

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**A NEW WOUND DRESSING.**—The *Medical Record* says: "Dr. Aymard, in an article in the *Lancet*, advocates the substitution of plain glass for gauze in dressing wounds. He describes an experiment with a piece of thick window glass, the edges of which were ground smooth. He smeared the glass with an antiseptic preparation and applied it to the wound, which healed quickly, without leaving a scar. The author claims for his method that it enables the wound to be examined without the removal of the dressing, that it relieves pain, promotes healing, and is economical."

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**A SURGICAL SUGGESTION.**—The *Journal of Surgery* says: "The painfulness of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen."

**LAVAGE FOR THE RELIEF OF VOMITING.**—The *Journal of the American Medical Association* says: "An old and valuable household remedy is the free ingestion of water as hot as can be taken—with a pinch of salt, for flavor, if desired. It is popularly said that the water will either correct the stomach or will make vomiting easy and less unpleasant if it must continue. Attention is again called to the value of this procedure by Sir William H. Bennett, who has adopted the suggestion made and put into practical effect by a patient, namely, the ingestion of ordinary cold or tepid water or other perfectly unirritating fluid in as large amounts as the patient desires. The vomiting may and is likely to persist, but the stomach is gradually washed out automatically and the patient is made more comfortable."

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**HOLDING BREATH IN CHILDREN.**—The *Inter-State Medical Journal*, quoting from a German contemporary says: "The condition is found most often in nervous children. As a result usually of nervous excitement, the child suffers a momentary spasm of the muscles of respiration, becomes markedly cyanotic, at times quite unconscious. During the attack the child usually falls backward, and the spasm ends with a loud cry and a forced expiration. The duration of the attack is usually measured by seconds. Spasm of the glottis is never associated with the condition. Examination also shows the absence in nearly all cases of the symptoms of tetany, with which the condition cannot be brought into relation. The spasm has nothing to do with epilepsy. Neumann holds that the condition may be regarded as a very early sign of neurasthenia. Inasmuch as the attacks rarely occur after the fifth year, and as they are never fatal, their importance is to be found merely in their suggestiveness as to a neuropathic temperament, or as manifesting a very early sign of a neurasthenia, to be later more fully developed. The treatment of the attack consists in irritation of the skin by throwing cold water in the face, and the general treatment is that of neurasthenia."

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**SPINAL ANESTHESIA.**—The *Zentralblatt für Gynäkologie*, quoted by the *Medical Record*, has the following: "Fround says that now its probationary period is over and the proper technique has been learned by experience, spinal anesthesia has been placed on a secure footing as one of the greatest advances in surgery. The author describes a number



of hysterectomies and other major abdominal operations performed to great advantage under this anesthesia, and he lays great stress on its superiority over inhalation anesthesia in marantic individuals."

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**MINOR POINTS IN OBSTETRICS.**—The *Journal of the American Medical Association* says: "A German confrère states that the degree of relaxation of the soft parts during a delivery may be estimated from the behavior of the lower eyelid. The floor of the pelvis yields parallel to the facility with which the lower lid can be everted. His communication was published in the *Med. Klinik*, No. 26. Winkler has also recently called attention to the necessity for warmth as a means of promoting delivery. It is a physical process, and as such is attended by expenditure of heat. If the organism is weak from anemia, fatigue or chilliness, the physical process proceeds with less energy, and it may prove necessary to resort to forceps. Before doing so, however, the patient should be thoroughly warmed, which may restore sufficient energy for delivery to terminate spontaneously. His experience has been that a warm tub bath or a sits bath, with cloths wrung out of hot water applied to the thighs and a hot foot bath are liable to start vigorous contractions. Hot drinks are valuable adjuvants. The position in the sits bath also favors expansion, the weight of the child and the heat irritating the lower segment of the uterus."

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**THE CRADLE.**—In a paper in the *St. Louis Medical Review* J. Zahensky protests vigorously against the fashion of using no cradle for pacifying children. He considers the cradle a hundred times less objectionable than the modern devices which have been forced in place of it, such as the rubber pacifier, soothing syrups, etc. He urges that the cradle be returned to the nursery, especially in those homes where no nurse or nursery maid attends the baby. He considers the cradle one of the best therapeutic agents for a nervous baby or a sick one. It is easier on the mother and it is far preferable to the pacifier or paregoric. The irritability and peevishness in infants vary to such an extent that ordinary rules in regard to hygiene and management must often be very much modified. Here is where the cradle can be used to advantage. Zahensky says that the signs of the times are that the cradle will again come into fashion; meanwhile the physician will do well to remember this well tried soothing agent for peevish children when ordinary means fail.

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



### THE DANISH COUNCIL OF NURSING

THE following account, which appeared in a German magazine, the *Zeitschrift für Krankenpflege*, written by the superintendent nurse of the Military Hospital of Copenhagen, gives so full and graphic an account of the progress of Danish nurses that we give it with only a slight condensation.

The individual Danish nurse is a beautiful type of womanhood. Most Danish women speak one or two foreign languages and many know English well. It is to be hoped that the Danish Council of Nurses will soon extend its interest to nurses of other countries and join in the International Council of Nurses.

A great change and improvement has taken place in our nursing institutions during the last few years, chiefly at the instigation of the nurses themselves, who have founded an association for the benefit and advancement of their interests.

This association—"The Danish Council of Nursing"—is now about six years old, has from its very beginning been conducted by former and by active nurses, and the great importance and extension it has attained is exclusively due to these directing nurses under the leadership of their energetic and intelligent head, Mrs. Professor Tscherning (formerly a superintendent nurse).

This lady, president of the association since October, 1899, has worked hard to bring it forward for the benefit of both nurses and patients.

Nurses can join the Society either as ordinary or as associate members.

The rules of admission for ordinary members are:—The nurse must be of an age between twenty-five and forty years, and possess a three years' training at a hospital, besides conforming to the requirements as to ability and training which the Managing Committee at any time may demand.

The ordinary members wear a badge when at work—a golden

four-leaved clover in red setting, with the circular inscription: "Danish Council of Nursing."

The associate members are pupil nurses who have not yet attained their full training; they wear no badge.

The Managing Committee consists of seven persons, all ordinary members of the Society. Besides, there is a board of twenty-one representatives, elected by the different members among hospital nurses and private nurses that attend to their separate interests. All important matters are laid before this Board of Representatives by the Committee, and are settled by both conjointly.

The association receives an annual Government grant of 6,000 kr., and numbers about 1,000 nursing members, besides more than 200 contributing members among the public, who assist the good work in this manner.

Its activity at present comprises—

1. Monthly meeting of the members.
2. An office and home for private nurses.
3. A home for nurses receiving supplementary (post-graduate) training.
4. Help towards supplementary training.
5. Sick club and help for convalescents.
6. Loan fund.
7. Dietetic cooking classes.
8. A journal of nursing.
9. A home of recreation for nurses.
10. A burial fund.

I will now specify the different parts of the work.

The Office and Home for Private Nurses was originally built on a plan of nursing by the hour, as it was supposed that many patients of small means would not care to have a nurse for the whole day. In many cases it would suffice for a nurse to come in the morning and evening, or to stay for an hour once in the day to arrange the patient, make the bed, attend to dressing, &c.

There were likewise many elderly nurses who no longer could stand night duty or full nursing without being quite unfit for work. Such nurses might well manage some nursing visits daily, thus still earning their bread, besides affording cheap aid to the sick. The plan worked well and practically. In the first year four or five Sisters paid about 4,000 such visits.

Many other private nursing societies took up this kind of work, and our part in it has in consequence diminished, but we had become

known most favorably both to physicians and to the sick, who only regretted that no nurses were to be had for full nursing. After many applications the office took up this branch of nursing, and many Sisters are now actually engaged in full nursing. But many more might be employed if they were forthcoming. It is to be hoped that the number of nurses will increase. These nurses are only taxed 5 per cent. against 10 or 15 in other associations, and find it a pecuniary advantage to be employed by our office. Rooms are to be had for the Sisters at the Home, and on their free days they can take their meals there, and enjoy pleasant companionship.

A Home for nurses receiving a finishing course at a hospital or a lying-in institution is also connected with the office.

This supplementary training is a most important part of our work.

Owing to the want of system in the training received at the hospitals, there were formerly many private nurses who had only a partial training, either solely surgical or medical. These nurses, if well recommended and capable, now receive the needed instruction by means of the Society, not only the surgical and medical, but also special courses in the treatment of skin diseases, of nervous and mental disorders, and the care of puerperal patients.

Some get a year or six months, others only a few months of supplementary training, besides free station and an allowance for the time. During the last year thirty-five Sisters have been assisted by the Society, and twenty-five have been domiciled at the office.

The office contains, besides the home for private nurses with the bedrooms, a common dining-room and a sitting-room, with a piano. Many foreign and home periodicals are laid out for perusal. The sick club is recognized and assisted by the Government, and private as well as hospital Sisters are admitted as members and aided in case of illness.

From the loan fund nurses can obtain loans free from interest when in difficulties, owing to illness, or when they lack means to study nursing in foreign countries.

The Society has lately instituted dietetic and cooking classes for the benefit of the great number of nurses who lack skill in the preparation of food, and sorely miss this knowledge in private nursing. As will be seen by this account, every effort is made to train the Sisters as thoroughly and comprehensively as possible, and to raise their standard.

The popularity of the nurses became evident three years ago when a collection was made for a "Home of Recreation" for the Sisters.

The want of such a home had often been felt by the many nurses who had no family home and no means to board in the country.

A large, beautifully-situated plot of land was presented to the Society, and in a few months money enough was in hand for the building of the house. This house was inaugurated in September, 1904, and is kept open all the year. It can take in twenty Sisters. It contains many spacious, handsome bedrooms for one or two persons, sitting-room with closed and open verandah, a dining-room, and many balconies. The nurses only pay a minimum for their board, and it is hoped that free places will be founded by means of legacies. The Sisters look forward to many enjoyable and comfortable vacations in their own Home.

The journal of nursing published by the Society, has proved itself to be an invaluable medium for assimilating the nurses individually with the whole class. It is edited by a former sick nurse, and is sent to all members. It has also other subscribers.

Once a month (with the exception of the four summer months) an assembly is held for the members. The entertainment consists in instructive lectures, discussions of professional matters, musical and vocal contributions, readings, or other cheerful pastimes.

These assemblies are frequented by a great number of Sisters, and greatly promote a feeling of unity.

From this short review it will be seen that the Danish Council of Nursing is active in a great many ways, but, nevertheless, it has many hopes and wishes for the future. A systematic training-school of its own is the favourite ambition of the council and will surely be realized in time. Until now the council has only been able to offer suggestions at some hospitals concerning improvements in the training department.

Though still far from having attained all their wishes and desires, the Sisters yet feel that their association is a great help and support; they are no longer units, solitary workers at the mercy of circumstances, but begin to feel themselves a growing power, working for the common good—the better training and improved condition of all members.

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#### ITEMS

The German Nurses' Association is making steady progress. It now numbers 746 nurses. The most important public recognition it has yet received is the recent action of the new and magnificent city hospital of Düsseldorf, which is arranging to staff its wards with members of



the organization until its own modern training school is under way. The hospital is to be opened next October, and will require fifty nurses then and twenty more, later. Nurses who apply for these positions are to go in groups of six to work in a Bonn hospital for four weeks, under the direction of the future director and medical chief of the new hospital. Their expenses for this test work are paid by the city of Düsseldorf.

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It is sad to hear from a nurse who has lately travelled in Italy that the new Policlinic Hospital in Rome, now open, is being nursed in the same dirty and distressing way as the old Italian hospitals. The Policlinic was described in the *JOURNAL* just after its completion as one of the most beautiful and perfect hospitals in the world. It is a pity the Italian men do not realize what the French have now learned, that modern sanitary science needs modern, intelligent trained nursing to complete its hospital work.

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Mrs. Strong, the matron of the Royal Infirmary, Glasgow, has called a meeting of the matrons of the Glasgow hospitals to discuss State Registration and the defining of a curriculum.

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The work of Public School Nurses is receiving much consideration in England, and the Council of the Queen Victoria's Jubilee Institute has circulated a leaflet advocating the employment of Queen's Nurses under the education authorities to develop school work.

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The nurses of South Africa are justly aggrieved that nurses coming out from England are exempted from the examinations which the nurses of the country are required to pass for registration and are placed on the State Register with the Colonial nurses who have taken their examination. This is, indeed, a most surprising injustice, and it is hard to understand how it arose, as there is no scarcity of nurses in South Africa, but rather the reverse. We are not surprised that the nurses of South Africa protest against the "unfair exemption of immigrants." For English trained nurses to go to Africa and claim a position of superior privilege to the Colony trained nurse can only make trouble.

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

**DEAR EDITOR:** As you have introduced and invited discussion on the subject of criticism and reform in the Army Nurse Corps, I would like to say a word in defense of the so-called "grumblers," and to give some of my experience in reform work.

Do you think it is quite fair for a visitor to judge of the justness or unjustness of criticisms, which have been made from the standpoint of actual work "in the ranks?"

Grumbling is an epidemic which is always prevalent in the army, and it is said to take three years to cure the disease and make a good soldier, but happily, the nurse, with her intuition and, occasionally, a good dose of philosophy, is able to apply the remedy in a much shorter time.

There is no other condition of life under the sun, which can compare with a military life. It is not bad, but peculiarly different from anything else and, although I came from one of the largest Training Schools in the country, and which boasts of its military discipline, yet I was wholly unprepared for the conditions of military life. I do not believe that military discipline can be taught in Training Schools.

There should be a post-graduate course in a military hospital, similar to the Preparatory Course in Washington for army surgeons, where nurses could receive instructions on army rules and regulations, and then enter the service with some knowledge of what is before them, instead of learning a rule by breaking it, as the private has to do.

The Presidio is at present the Preparatory School for Nurses, but during my service, and I think the same prevails now, not one word of military rule was taught there in class work.

You say, "what we need at present, is calm, deliberate common sense criticism from the nurses in the service."

I wonder if you realize just how difficult it is to criticize Uncle Sam?

In the first place, public criticism from any one in regular service is strictly against army rules and regulations, and official criticism, unless backed up with more or less "pull," almost loses its identity by

the time it travels twice the length of a "military channel," and it is most discouraging in its results.

Here is an example from my own experience: Two other nurses and myself, after completing our term of service in the Philippines, and receiving orders, signed by the Chief Quartermaster of the Department of the Philippines, for "First Class Transportation," were quartered "Third Class" on a crowded transport for one month, and after our arrival in San Francisco, and advised by the Chief Surgeon (the present Surgeon General U. S. A.), we made a calm, deliberate appeal, through military channels, to the War Department, for some action which would guarantee the future transportation of nurses "First Class," as transport rules up to that time left the matter wholly at the option of each Transport Quartermaster. The officer issuing the order, through courtesy, writes "First Class," and the officer executing the order, through lack of courtesy perhaps, or for want of room, makes it "Third Class" and shows you the "Blue Book," which is very convincing.

I never knew before how long a military channel was, and when, after several weeks, our papers were returned to us, accompanied by page after page of typewritten matter, completely exonerating the transport service, and with no prospect of reform for the nurse corps, I felt that my cure was complete, and that I should make no more criticisms "in the service."

Others, however, hammered away at the question, and in April, 1903, our point was gained and Mrs. Kinney informs me that "First Class Transportation" is actually printed in the "Blue Book." You have struck the key note, dear editor, when you recommend a reform of status or rank, as that would oil the machinery for any further reform.

It is said that the pay roll of the army determines the rank. For example, the nurse ranks with the non-commissioned officer because her salary is about the same. Now, if the War Department can so change its regulations as to make the Nurse Corps of equal rank with the commissioned officer in transportation, why can't it make the same special legislation for its nurses when they are dressed in uniform and working?

As an instance of unofficial criticism, I refer you to the request from the Presidio nurses to the Buffalo Convention in 1900, I think it was, which accomplished nothing but showers of disapproval from the War Department. After leaving the service in October, 1902, (having been nearly four years in the Nurse Corps), I made another effort

at reform, suggesting a uniform eight hour system of work which had already been proven satisfactory at some of the army hospitals.

Through influential parties, the communication reached the War Department and was turned over to the Superintendent of Nurse Corps, who said that all appeals for improvement must come through the chief nurses, reverting back to military channels, you see.

I believe that the surest and quickest road to reform would be through nurses in the service, long as it is, but I do think that they need the support of the great nursing body, which seems so distinctly separate from the Nurse Corps.

If some of our influential nurses could get into closer touch, individually, with members of the Nurse Corps, especially the chief nurses, they might get some good material to work upon, and you know public sentiment goes a long way towards influencing Uncle Sam.

The subject certainly demands the utmost caution and deliberation, as well as a thorough knowledge of army rules and regulations. I am glad that our editor is taking so active an interest in this branch of nursing, and I hope that many of our ex-army friends will take advantage of this opportunity to express their opinion on the various reforms which we used to long for.

ISABEL HARROUN, Ex-Army Nurse.

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DEAR EDITOR: Your suggestion that we should "have a calm, reasonable discussion of the eligible volunteer list and the regular army service," has encouraged me to give my ideas concerning them, especially as I am an ex-army nurse.

First, as to the volunteer list: for obvious reasons institutional workers cannot be counted upon, which leaves it to be filled from the ranks of the private nurses. The requirements seem simple enough and easy to carry out—but are they? I have put in about eleven years at private work, and my experience is that it is a very uncertain life. We are here one day and gone the next. Then such a list recalls the absurd pictures we used to see of a nurse in costume with a bag in hand "always ready." How untrue to life and how unreasonable! Nurses are human beings and their profession does not cut them off, nor separate them from the duties common to other wage earners. They have their individual affairs to look after and often have to provide for some dependent relative.

Thirty-three years elapsed between the Civil War and our conflict with Spain, and the indications are wars will not be of frequent

occurrence with us. Nurses on the volunteer list would have ample time to be dead and buried. As for the nurses who did not die, would it not become disagreeable for them to go to a doctor semi-annually year after year for a "bill of health?" For these reasons, would it not be more sensible not to have a volunteer list?

When war comes, recruiting officers enlist the volunteers. Why not let it be the same with the nurses—the State Associations, State Boards of Nurse Examiners, or local associations, acting in the capacity of recruiting officers for the Army Nurse Corps?

When the actual need comes, those nurses who are free, or who can quickly adjust their affairs, will respond in sufficient numbers; and this method of securing them where they are known will result in wiser selections than could be made by the authorities at Washington, who would thus be spared a lot of clerical work.

L. L. HUNSON, Colorado Springs.

DEAR EDITOR: We read much rather aimless discussion about the trained versus untrained nurse and I would like to suggest what seems to me one reason for the latter often being preferred to the former.

I believe it is because of the great tendency of the trained nurse to regard her patient as a case rather than as a human being in dire need and distress. You know the untrained woman, not having thorough nursing knowledge, is often apt to feel at heart a little uncertain of herself and tries to make up for her deficiencies by being sympathetic and helpful in a personal way, by showing interest in the family, etc., and she often succeeds in this way in making herself personally acceptable. As the physician does not throw all the responsibility on her she falls more into the attitude of a sympathizing and anxious friend. Trained nurses could show much more of this simple and kindly human side than they always do. One can prove this point by looking at those trained nurses who are distinctly and unfailingly womanly and sympathetic and who show their kind heart to all the members of the family. You never hear such women complain of the competition of the untrained. On the contrary they always have more calls than they can fill. I am certain that we nurses must remember in our work to consider the families that we enter, as a whole, and not just to regard our patients as cases. It is useless to grumble at patients for employing untrained women and to complain of doctors for recommending them. We must look within ourselves for the remedy. How often do people say of a nurse "Her nursing was all right,—but." Now it is this "but" that we need to study.

AN OLD NURSE.



## EDITOR'S MISCELLANY



THE following circular letter has been sent out to the physicians of New York City by the Committee on the Prevention of Tuberculosis of the Charity Organization Society, as a result of practical suggestions made by Miss Wald, who is a member of the committee:

"The Committee on the Prevention of Tuberculosis of the Charity Organization Society takes this opportunity while the American Tuberculosis Exhibition is being held at the Natural History Museum, and while the subject of tuberculosis is prominently before the community, to call to the attention of the medical profession of the City of New York the consequences arising from the practice of sending poor consumptives to such States as Arizona, Colorado and California. Extensive experience has taught us that, difficult as it may be for a poor man to recover from tuberculosis in this city, he is better off here among his friends and relatives, where there are more adequate hospital and dispensary facilities, than he is far from home, where he is thrown entirely upon his own resources and where the great number of consumptives willing to work at the lowest wages makes the finding of employment, especially of suitable employment, almost impossible.

"Favorable results from climate can hardly be looked for unless at least \$10 per week can be spent for board and lodging. The stranger, who has spent a large part of his savings on railroad fare, soon finds himself without work, living in the poorest rooms, eating the scantiest and cheapest food.

"The practice of advising the removal to other climates thus defeats its own aims and casts upon the charity of other communities a burden which they should not and cannot sustain.

"We invite the coöperation of the medical profession, therefore, in preventing persons suffering from tuberculosis from being sent to other States unless;

"(a) They are physically able to work and have secured in advance a definite assurance of the opportunity to perform work of a proper character at wages sufficient for their suitable support; or,

"(b) Unless they have at their disposal at least \$250 in addition to railroad fare."

MISS IDA STEWART's paper on "The Twentieth Century Matron" read at the Matrons' Council the other day in London, was full of the wisdom of experience supported by observation and tolerance. We quote a few of her sayings:

"Looking back on more than eighteen years, when I was first matron of St. Bartholomew's Hospital, nothing strikes me more than the difference in the candidates who enter the service of the hospital as probationers now, and those who did so then. I do not say they are not so good; I only say they are different, and require different handling. \* \* \* Believing that this difference is superficial, I believe also that the quality is as good as ever. \* \* \*

"The only respect that is worth having is what comes from an unflinching, unfinching justice, and that is wonderfully unlike popularity. Let the nurses feel that the Matron will give them justice, and they will give the Matron their confidence. Justice is a hard road to travel, and there are pitfalls on each side, the temptation of popularity on one side, the danger of too great severity on the other, for justice is always great-est when tempered with mercy.

#### A SENSE OF PROPORTION

"A sense of proportion is one of the qualities which, like a sense of humour, men think belongs exclusively to the male mind. I do not know how common it is with men, but I know it is curiously uncommon with women. It consists in seeing each person and event (including ourselves) as they stand in relation to each other, as they might appear if we looked through the wrong end of the telescope. No woman can have it who is always watching other people, and no woman can have it who is always watching herself. It is a peculiarly difficult quality for a Matron to develop in her own hospital, it is really practically impossible. There she is deferred to in every particular, her wish is law, everyone rises when she goes into a room, and naturally she is apt to get to think herself a little god, and she is perhaps the only person who does not see the tin wheels. She can really only acquire this quality by going out into the world and rubbing shoulders with men and women of other, and, if possible, larger interests. This she should do as a duty, both to herself and to the hospital, for no one can be either just or generous who cannot see the relative positions and values of persons and events. I have heard Matrons praised who almost never went out: 'Think of the devotion to her work,' say they. Heaven help the hospital, say I, for vain is the help of man."

Mrs. E. L. GAYLORD, of Chicago, one of the directors of the Chicago Visiting Nurses' Association, proposes to establish a permanent camp for incipient cases of tuberculosis outside of Chicago. During the past year the Visiting Nurses' Association has been responsible for the care of an experiment camp at Glencoe, and this has led to the permanent undertaking. Mrs. Gaylord will provide one hundred and sixty acres of ground and an endowment for fifteen tents at the outset. The development of camp sanitarium for tuberculosis is a most encouraging feature in the war of extermination against the scourge. The striking inexpensiveness of this system as compared with the prohibitive cost of fine buildings; the sanitary excellence of detail possible, and the good curative results are bound to make this the model system in the near future. In Pennsylvania the forest lands belonging to the State are being opened for this purpose, and it is intended that every section of the State shall have these camps. There could be no more striking evidence than this of the incidental advantage to the public of State-owned lands, when compared with the recent proofs of the selfishness of private interests in New York State where under the Goodsell-Bedell law it has been made almost impossible to secure land for the beneficent purpose of tuberculosis sanitarium.

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Miss FULMER spoke wise and inspiring words to the graduates of the Michael Reese Training School not long ago, from which we quote a part:

"When people tell you that nursing is a life of self sacrifice, don't believe them. No woman comes into any profession which holds for her greater privileges and richer opportunities than the one of nursing. So many opportunities that it is almost appalling to find the years are all too short to accomplish all the wealth of activities that lie at your door. So in drifting to this life, accidentally or otherwise, you do not find it a life of sacrifice; you find, if you so desire, each and every one of you, a life full of the greatest possibilities. Do not be persuaded into believing yours is a sentimental calling. Far from it. It may require sentiment and ideals in order that the performance of details may not become irksome, but that we should be classed in the catalogue of 'fads' is not fair. The training and discipline received during your three years has developed in you that which you could not have acquired in any other school. Why is the trained nurse all over the world to-day being sought to fill positions of trust and ability? Certainly not because

she can give a typhoid bath, but because of that alertness and mental poise which she gained in the storm and stress of her hospital life."

"There is just one thing I must remind you of though in justification of some of the critics on the other side, and that is this. In our great desire for perfection, for technical skill and knowledge, is it not possible to forget, without really intending to do so, our real aim—the care of the sick patient in the bed? If we were not constantly alert could we not grow into mere machines, almost imperceptibly, and quite lose sight of the humanitarian side of our profession? A man well known to you all recently said, 'I wish some one would endow a chair of humanitarianism in our nursing schools.' I, for one, would not like to feel that nurses needed to be taught humanity to the sick; only, I do feel we all need to be cautioned lest in our enthusiasm for the gift of knowledge we forget to be humane.

"Swiftly and lest I trespass on the time allotted I must tell you of one other branch of nursing not eagerly sought for by nurses, and yet a life of such possibility and fascination that the wonder is that the largest number coming from the schools should not recruit its ranks. I refer to home to home nursing among the poor, where the greatest skill, patience and ability is needed, for here you fight not only disease but poverty, ignorance and superstition, and what a wise woman it would need to get round them all! I shall not enter into details of this especial work, for it is a longer story than I have time to tell, but I do want to urge you members of the class of 1905 to think seriously of how much your training and ability are needed in the homes of the poor of our great city. Nursing service whether in the homes of the rich or poor, like that of the skilled surgeon, cannot be paid for in dollars and cents, but nursing and good nursing is needed far more in the homes of the poor, because money can buy good nursing for the rich, but it takes more than money to secure skilled nursing for the poor. Who are better fitted than you to help bear those great civic burdens? First because you are skilled nurses, and next because you are public spirited citizens. In this work among the poor you will find every phase of modern nursing. You will see such clinical work as no nurse or physician ever sees in a hospital or in twenty years of private practice. You will have incentives to keep in touch with the very latest and best methods. You will have as an incentive to do your best nursing work, such critics and censors among your patients in the homes of the poor as no nurse on Lake Shore Drive ever had."

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### STATE MEETINGS

The International Council of Nurses is planning an informal conference to take place in Paris, in June, 1907. As this meeting will be half way between the regular quinquennial periods no business will be transacted, but papers will be read and discussions held, and mutual acquaintance furthered. All nurses in sympathy with the aims of the Council will be welcome, and it is hoped that many will plan to take their vacation at this time.

LAVINIA L. DICK,

*Secretary.*

WASHINGTON.—A meeting was held at Spokane, Wash., November 7, for the purpose of completing the formation of a State Nurses' Association. The usual business was considered and officers elected as follows: Miss Laura Goodman, Spokane, president; Miss May Loomis, Seattle, first vice-president; Miss Hankey, Tacoma, second vice-president; Miss Scharley Wright, Seattle, corresponding secretary; Mrs. Schofield, Spokane, recording secretary; Miss Hubbard, Spokane, treasurer. A committee of nine members, three from Spokane, two from Seattle, two from Tacoma and two from Bellingham is to be appointed by the president to draft a constitution and by-laws. The first annual meeting will be held some time in the spring of 1908, when a bill for State registration will be discussed.

SEATTLE, WASH.—The King County Graduate Nurses' Association held their annual meeting at 3 P. M., November 6, at the Seattle General Hospital. The principal business of the day was the election of officers. Miss May S. Loomis, was re-elected president; Miss Corn Gillispie, re-elected vice-president; Miss Katherine Archfield, secretary; Mrs. Annie Green, re-elected treasurer; Miss Katherine Major chairman board of trustees. Miss Scharley Wright was sent to Spokane as a delegate to a meeting called to perfect a Washington State Association. The matter of starting a Nurses' Club in Seattle was brought up, discussed and left to be worked up during the month. Thus the Association starts its fourth year with higher aims and desires, and we hope, better organized for the work of the future.

DUNNETT, MICH.—A special meeting of the Executive Board of the Michigan State Nurses' Association was held at Swain Home, Harper Hospital, Detroit, November 16, for the purpose of arranging a program for the second annual State meeting to be held in Ann Arbor, April 4-5-6, 1908.

Among the many interesting topics under discussion was the bill for state registration of nurses and renewed efforts are being made along this line. Twenty-seven members were admitted to the Association, making a total membership of 296.

KATHERINE M. GIFFORD,

*Corresponding Secretary.*



MASSACHUSETTS.—A public meeting of the Massachusetts State Nurses' Association was held in Dean Hall, Woman's Building, Worcester, Massachusetts, on Thursday, November 16, 1906. It was a large and enthusiastic gathering—the different sections of the State being very well represented—Miss Riddle presided. Prayer was offered by Rev. A. W. Hitchcock. Dr. L. Wheeler gave us a cordial and hearty welcome, to which Miss Riddle responded. Miss Brown, our historian, gave an encouraging report, saying among other things, that registration is a means to an end, and, if we do get registration, we may attain our object in some other way. In answer to the question, "What does registration for nurses mean?" Miss Davis said that whatever doctors, dentists, pharmacists or plumbers mean by registration, we mean; that it will give nurses a legal status and set a standard of excellence and nursing education, and prevent the untrained from palming themselves upon the public as duly qualified graduate nurses. The Hon. Herbert Parker, Attorney General of Massachusetts, gave an address in which he spoke of the importance of the work that is being done by nurses, and of the recognition such service should receive. He heartily favors registration. The Hon. Rockwood Hoar, Congressman, in his address, spoke of the desirability of maintaining a high standard, and of the wrong done when an incompetent nurse goes into a family. He thinks the examining board should consist of doctors as well as nurses, and advises that nurses be required to take an examination every five years in order to keep them up to the standard. In the discussion which followed, Dr. L. Wheeler asked some questions about the training of nurses, which were answered by Miss Riddle and Miss Davis. Dr. Gotschell, of the Rutland Sanitarium, spoke of the work of that institution. Mr. Ware, one of the trustees of the Dartmouth Hospital, Fitchburg, thought the examining board should consist of nurses, and that arbitrary rules were necessary. Dr. Howell, superintendent of the Worcester City Hospital, favored registration and an examining board of nurses, but did not approve of periodical examinations; said they were not required by any other profession. Dr. Lehey, of the Clinton Hospital, spoke very briefly. Dr. Bowers, a member of the state board of registration in medicine, favored registration, but did not think nurses should be required to take two years of their training in hospitals; said we were not to be afraid of the standards in other states, that reciprocity was not an unmined good. He also said that the state board of registration in medicine is against having doctors on the examining board for nurses. Mr. Denny, a member of the legislature, approved of periodical examinations. Mr. Lytle, a member of the Governor's Council, thought registration a move in the right direction; said section iii. of the bill (requiring two years in hospitals) was all right, the standard should be high. Dr. Thompson, of Fitchburg, a member of the state board of registration in medicine, spoke of the New England Association for the Education of Nurses, and said three-fourths of the members are in favor of registration. After a unanimous vote of thanks had been given to all who had contributed to the success of the meeting Miss E. D. Ayers, chairman of the committee on arrangements, announced that refreshments would be served in an adjoining room, and the meeting was adjourned.

ROSEMARY DART,

*Secretary.*

PUEBLO, COL.—The Committee having the drafting of a Constitution and By-laws of an association for this place is ready to report.

**New Jersey.**—The Fourth Annual Meeting of the N. J. S. N. Asso. was held at the Haebrouch Institute, Jersey City, on Tuesday, December 5, at 2.30. Very widespread disappointment was felt when the President, Miss Bertha J. Gardner, announced the unavoidable absence of Miss Goodrich, of the New York Hospital, who had promised to address the meeting. As it was too late to fill her place, the business of the day followed in the usual routine. During the summer a canvass had been made of 30 hospitals in New Jersey, with a view to gain information as to the curriculum most usually followed, and a report was read as to the result. An interesting paper was read by Miss Margaret Anderson, Head Worker of the Nurses' Settlement in Orange, on the work of that institution, and on the work of the Anti-Tuberculosis Committee by the nurse in charge, Miss Julia Bronia.

The election of officers was as follows: President, Mrs. d'Arcy Stephens, 475 Main Street, Orange; first vice-president, Miss Mary F. Mason, City Hospital, Newark; second vice-president, Miss Laura McHale, St. James' Hospital, Newark; secretary, Miss Emma Young, 103 Spruce Street, Newark; treasurer, Miss Catharine Neafey, 23 Thomas Street, Newark. Chairmen of Committees: Ways and Means, Miss Irene Fallon; membership, Miss Isabel Macdonald, 711 E. 10th Street, Paterson; printing, Miss Bertha J. Gardner, 520 Clinton Street, Newark; nomination, Miss Mary G. Rockhill, 536 Stevens Street, Camden.

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#### REGULAR MEETINGS

**ORANGE, N. J.**—The annual meeting of the Alumnae Association of the Orange Training School for Nurses was held at the Visiting Nurses' Settlement. Nine new names were accepted for membership. A letter was read from Miss Margaret Pierson, the president of the Training School, urging the graduates to use their influence for desirable young women to enter the school for the training, for with the enlargement of the hospital, the opportunities for a more extended training would be greatly increased.

A letter was read from the secretary of the Anti-Tuberculosis movement of the Orange thanking the Alumnae for their part in the support of the graduate nurses for the work. It was decided that the Alumnae give a Reception and Tea as usual to the graduating class, the time and place to be decided upon by the committee appointed. A committee of two were appointed to ascertain the cost and requirements for the endowment of a bed in the Orange Memorial Hospital for its graduate nurses, and report at the next regular meeting.

The report of the money collected for the support of the Nurse in the Anti-Tubercular work was very pleasing, sufficient for the year's work being pledged.

After the election of officers for the coming year the meeting adjourned and refreshments were served.

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**HARTFORD, CONN.**—The quarterly meeting of the Hartford Hospital Alumnae Training School Association was held at the Nurses' Home, 37 Jefferson Street, December 6th, at three P. M. The minutes of the last meeting were read and accepted, and a revision of the constitution and by-laws was read and discussed.

Twenty five dollars was voted to buy stock in the American Journal of Nursing.

After the meeting Miss Sutherland, Superintendent of Nurses, invited the members of the Alumni Association to a tea with her in her rooms at the Nurses' Home. A very pleasant hour was spent there, and a vote of thanks tendered to Miss Sutherland for her hospitality.

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**NEW HAVEN.**—The Graduate and Under Graduate Nurses of New Haven held a fair in Harmony hall, November 1st and 2nd, for the purpose of raising a fund to establish a home for nurses who are unable to work. The idea originated with the Alumni Association of the Connecticut Training School, but it was decided to admit all graduate nurses residing in the City of New Haven to the benefits of the fund.

The fair was conducted by the Alumni Association of both training schools, the Connecticut Training School and the Grace Hospital, assisted by the many graduate nurses of other schools residing in New Haven. The hall was tastefully decorated and the booths attended by the nurses in uniform very attractive. Eighteen hundred dollars was raised for the fund.

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**BALTIMORE, Md.**—The Nurses' Alumni Association of the University of Maryland held its last meeting for 1906 in the Assembly Hall of the University Hospital, December 4th. The meeting was of more than usual interest and importance, and was well attended. Reports for the year were submitted. Twelve new members, the class of 1906, have been admitted during the year. The election of officers for 1906 was held, the result being as follows: President, Miss M. E. Ralph; 1st Vice-President, Miss E. B. Gray; 2nd Vice-president, Miss W. H. Cooke; Secretary, Miss M. S. Brown; Treasurer, Mrs. Nathan Winslow; 1st member Executive Committee, Miss M. E. Bradbury; 2nd member, Miss S. Ravensel.

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**DENVER, COL.**—The Trained Nurses' Association held its monthly meeting at the Y. M. C. A. Building on December 4th. The Association decided to affiliate with the Women's Auxiliary of the Juvenile Improvement Association, which was organized to aid in the work of the Juvenile Court of this place. Dr. H. T. Pershing gave an interesting lecture on the "Care of nervous cases."

The State Board of Nurse Examiners held a special meeting in the State Capitol on December 9th, when a number of applications for registration were passed upon.

The Visiting Nurse Association has appointed a Tuberculosis Committee and is about to establish a system of registration and special care of all tubercular cases in the city. The supervising nurse is Miss F. R. Smithwick, a graduate of the Colorado Training School for Nurses, Denver, who has for three years been connected with the staff of the Visiting Nurse Association of Chicago.

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**COLORADO SPRINGS.**—The Nurses' Registry Association held its regular meeting on Dec. 6th. Miss L. L. Hudson read a paper giving the history of the passage of the nurses' registration bill. The question of having a city hospital was brought up and a committee appointed to see what could be done towards starting an institution of this kind, which is much needed.

**BROOKLYN, N. Y.**—The annual business meeting of the Brooklyn Homoeopathic Alumni was held December 6th, when the officers for the coming year were elected as follows: President, Miss Combs (re-elected); vice-president, Miss Stella M. Healy; secretary, Miss Egan (re-elected); treasurer, Miss Moulton (re-elected); auditor, Miss Guinac (re-elected). The Association has changed the dates of its meetings to the first Wednesday in March, June, September and December, the last named to be the regular business meeting.

**NEW YORK, N. Y.**—The Alumnae Association of the Metropolitan Training School, held its regular meeting Tuesday, Nov. 14th, at 686 Lexington Ave., regular business being transacted.

The entertainment committee has planned to give a reception and dance on Tuesday evening, January 23d, at the Leslie, 83d St. and Broadway.

It is hoped that all of the members will take an active interest in this reception and help to make it a grand success. Mrs. Agnes S. Ward, Assistant Superintendent of the Metropolitan Training School, gave a very interesting talk on her work as a missionary in West Africa.

The next regular meeting will be held on January 9th, 1906.

**BOSTON, MASS.**—On November 28th, the Alumnae Association of the Boston and Massachusetts General Hospital and the Children's Hospital, united for a course of Lectures on Social Science by Prof. Brackett, of Simmons College. The social hour following the first lecture was much enjoyed by the members of the two associations and invited guests.

**NEW YORK, N. Y.**—The Bellevue Alumnae held the second meeting of the season at the training school, November 16th. Twenty-three members were present and three new members admitted. A special meeting was called for December 7th, to vote on the revised Constitution and By-laws. The announcement was made of the death of Miss H. A. Shearer. After all business was transacted Mrs. Wheelock entertained by story telling.

**PHILADELPHIA, PA.**—The Alumnae Association of the Medico Surgical Hospital held a meeting on December 6th and officers were elected for the ensuing year. The report of the committee on the euchre and dance which was given November 23d for the fund to endow a free bed for sick members, was submitted and showed the affair to have been a great success both socially and financially.

**PITTSBURGH, PA.**—The regular monthly business meeting of the Nurses' Alumnae of Western Pennsylvania Hospital followed by a bridge whist party was held at the home of Mrs. James Israel, 5016 Hayes Street, on Tuesday evening, December 6th, with Miss Nan Brinley as hostess.

The Alumnae is fortunate in having as members nurses who make the interests of the association their first consideration. A larger number than usual, however, were present on this occasion.

The nominating committee presented the ticket prepared for the election of officers at the annual meeting in January, and Miss Elizabeth Reed, chairman of the social committee, reported arrangements made for the annual ball to be given early in February.

Each member present felt that they had both an enjoyable and profitable evening.

**MARRIAGES**

NOVEMBER 9, 1905, at the Sacred Heart Church, Taunton, Mass., Miss Katherine E. Reilly, Graduate of Morton Hospital, to Mr. John J. Carr. A pretty wedding breakfast was served at the house of the bride's parents. Mr. and Mrs. Carr will reside at 47 Hodges Ave.

On October 30, 1905, Miss Katherine Hestro Brown, of Pontiac, Mich., was married to Mr. Otto Uihmann, of this city. Miss Brown is a graduate of Morton Hospital. Mr. and Mrs. Uihmann will be "at home" at No. 116 Broadway after November 15.

In Baltimore, Md., Nov. 10, Eleanor V. Gilden, class 1905, University of Maryland, to Dr. James Mullan, U. S. N.

At Charleston, W. V., November 7, Miss Emma Power, of Charleston (Johns Hopkins, class of 1901), to Mr. Walter Edward Harris. At home after January 15, 1901 Eighteenth street N. W., Washington, D. C.

Miss C. E. THOMPSON, class '97 Johns Hopkins Hospital, was married October 10 from her father's home, Toronto, to Dr. E. L. Reid, of Atlanta, Ga. Mrs. Reid was for the last five years superintendent of nurses at St. Luke's Hospital, St. Paul, Minn.

APRIL 15, 1905, by the Rev. Dr. Loos, of Philadelphia, at his residence, Miss Frances V. McCurdy, of Philadelphia, and Mr. Henry F. Nielsen, of New York. Mrs. Nielsen is a graduate of the University of Pennsylvania Hospital Training School and is at present superintendent of the Mt. Pleasant (Pa.) Memorial Hospital. Mr. Nielsen is chief apothecary of the Out-Patient Department of Bellevue Hospital, New York City. Mr. and Mrs. Nielsen will reside in New York city.

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**BIRTHS**

In November, a son to Mrs. Ralph Toman, Cleveland, Ohio. Mrs. Toman was Miss Grace Flury, a graduate of the Cleveland Training School for Nurses, class 1903.

In November, a son to Mrs. Castle, Cleveland, Ohio. Mrs. Castle was Miss J. Sinclair, a graduate of the Cleveland Training School for Nurses, Class 1903.

NOVEMBER 11, 1905, a daughter to Mrs. Arthur H. Bagart, of Brooklyn, N. Y. Mrs. Bagart was Miss B. C. Turner, Methodist Episcopal Hospital, of Brooklyn, class 1901.

On November 19, a daughter to Mr. and Mrs. J. S. Webster, of Calvary, Md. Mrs. Webster was formerly Miss Elizabeth Pinkerton, Johns Hopkins, class of '98.



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OBITUARY

WHEREAS, In the death of Miss Nellie F. Wennstrom, an interested member of the Alumni Association of the Long Island College Hospital Training School for Nurses, we recognize that a faithful worker, a noble woman, and an earnest Christian has gone home to her Father's house and to her glorious reward; be it

Resolved, That we, her sisters in the profession, rejoice in her great gain and that we strive to emulate all that was worthiest and best in her life and character;

Resolved, That we extend our sympathy to her family and send them a copy of these resolutions;

Resolved, That a copy be sent also to the AMERICAN JOURNAL OF NURSING, and be placed upon the minutes of our Alumni Association.

MOLLIE A. HOGE,  
H. ELIZABETH BURDICK,  
LUCY M. SARGENT,  
Committee.

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At the last meeting of the Alumni Association of the Metropolitan Hospital Training School, New York City, announcement was made of the death of Millie E. Lingus, of the class of 1905.

Miss Lingus died of typhoid fever at Hahnemann Hospital, after an illness of two weeks. Her patience, thoughtfulness, and sweetness in her sufferings were made possible only as the culmination of a self-sacrificing, noble life, which had been spent in devotion to the interests of others and in daily communion with her heavenly father.

A committee was appointed and prepared the following resolutions:

WHEREAS, God in His infinite love and wisdom has seen fit to remove our beloved friend and co-worker; we, her associates, deeply mourn the loss to our Association, the nursing profession and her numerous friends.

Resolved, That the members of the Association desire to express deep sorrow for her death and to extend to her family their heartfelt sympathy in their bereavement.

Resolved, That a copy of these resolutions be sent to her family and to the JOURNAL OF NURSING.

AGNES S. WARD,  
VIRGINIA F. FRANKSON,  
MARY E. FARR,  
Committee.

November 17, 1905.

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At a meeting of the Alumni Association of the Rhode Island Hospital announcement was made of the death of Miss Annette E. Keys, class of 1903.

WHEREAS, It has pleased our heavenly father to take her unto Himself; therefore be it

*Resolved*, That the members of the Association extend their sincere sympathy to the bereaved family and friends and furthermore be it

*Resolved*, That a copy of these resolutions be sent to the family of the deceased, to the *AMERICAN JOURNAL OF NURSING* for publication, and be recorded in the minutes of the meeting.

ANNIE L. BAMPFORD,  
BERTHA G. FERRY,  
Committee.

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THE Hartford Hospital Training School Alumnae Association learn with deep regret of the death of Miss Blanche Moray, September 18, 1906, at Manawa, Wis.

Miss Moray graduated with the class of 1904, and was one of the first members of the class to join the Alumnae Association. During her three years in training school and her short time as a graduate nurse, it can be truly said of Miss Moray: she was loyal to her friends, faithful to all her duties, and beloved by all with whom she came in contact.

WHEREAS, This Association has lost a faithful member and the nursing profession a most faithful nurse,

*Resolved*, That we send a copy of these resolutions to her bereaved family, expressing to them our heartfelt sympathy; a copy to the *AMERICAN JOURNAL OF NURSING*, and have said resolutions placed on the records of the Association.

(Signed) EDNA L. FOLEY,  
President of Association;  
MARTHA ELLROY,  
AGNES DONALD,  
J. J. WHITMAN.

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DIED.—October 18, 1906, at Queensville, Ontario, of Tuberculosis, Mrs. Malcolm MacArthur nee Isabel Smith, class of 1901, Toronto General Hospital.

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THE Alumnae Association of the New York Hospital announces the death of two of their members, Miss Edith S. Jenks and Miss Mary J. Hunter.

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THE New York City Training School Alumnae announces the death of Mrs. Jane Coleman Peasey Demarest.

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## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

At St. Vincent's Hospital, New York, a new wing that cost \$700,000 was recently dedicated by Archbishop Farley. The building is a seven-story fireproof structure and embodies all the latest ideas in hospital equipment. In addition to accommodations for a hundred patients it contains a new operating room, said to be the finest in this city, X-ray and sterilizing rooms and a community room for the sisters.

One floor, known as Adrian Iselin Hall, was built and equipped by the Iselin family at a cost of \$35,000. The cost of erection was defrayed by the late Adrian Iselin, and two wards, the Louise Marie and St. Therese's, were furnished by Miss Louise Marie and Miss Therese Iselin. Another floor, St. Mary's Hall, was furnished by Mrs. Daniel O'Day.

The operating room was furnished by Dr. Frederick S. Dennis, and the X-ray room by John D. Crimmins. The sterilizing room was furnished by Mrs. M. Irene O'Donohue, and Dr. Brooks H. Wells gave the machine for sterilizing basins.

Other numerous and large donations were made by individuals and societies. At the dedicatory ceremonies, which were most interesting in character, Dr. Frederick S. Dennis, president of the medical board of the hospital, said that St. Vincent's was the first hospital in New York to be supported entirely by voluntary subscriptions. He stated that the hospital was opened in 1849 with thirty beds, and treated during the first year sixty-six patients. Now it has 425 beds and treated last year 22,000 patients, including those in the outpatient department. St. Vincent's Hospital has a training school for nurses and was one of the most effective supporters of the bill for the registration of nurses under the regents.

The New Saint Luke's Hospital, at Utica, the gift of Mr. and Mrs. Frederick T. Proctor, was handed over to the board of trustees, October 18, 1905, fully paid for, and completely furnished and equipped with modern medical and surgical appliances.

Dr. Willis E. Ford, Medical Director of the hospital, in writing a description of it says: "This is the largest single gift by any one family in central New York that we recall. The building is made of steel, hollow brick and tile, and is fire-proof throughout. It has some features that are unusual, among which are two handsome windows out of the principal ward, overlooking the Mohawk valley. There is also a large solarium at the top of the house reached by an elevator. There are also two handsome operating rooms, so arranged that accident cases can be cared for without disturbing the patients who are in the house; also a smoking room, and two large parlors. These make it one of the most attractive, as well as substantial, of modern hospitals. It has a capacity of seventy-five beds, and cost about a quarter of a million.

"The ground was purchased and the entire expense was borne by the donors, the building was made under their personal supervision, and furnished in the most luxurious manner. On St. Luke's day the building was dedicated by the Bishop of Central New York and the clergy of this region, with appropriate religious services. In the evening the graduating exercises of the nurses were held, with the usual ceremonies. In making the transfer of this splendid gift the deed was turned over to the Board of Trustees of St. Luke's Hospital, who have managed the old building successfully in the past, with no conditions attached to the gift. When sufficiently endowed this institution ought to be an ideal charity."

THE Toronto Home for Incurables is taking the title of the Toronto Hospital for Incurable Diseases and is starting a training school for nurses. During the year 100 patients were cared for. One cannot but wonder what kind of training nurses will get in a hospital for incurables and regret that the management does not see the propriety of employing graduate permanent nurses.

A PRIVATE ROOM in the Presbyterian Hospital, New York City, has been endowed by Mrs. Morris K. Jessup, in memory of her mother, to be known as the "Ellen de Witt Memorial Room" for graduate nurses.

The first right of nomination for those requiring the use of this room is to be made by Mrs. Jessup during her life, after which this duty will fall entirely to the superintendent of the training school.

#### TRAINING SCHOOL NOTES

MISS GILSON'S thirtieth annual report of the New York City Training School, read at the graduating exercises held on November 4, contains many interesting facts. Pupils nurses do not nurse male patients in the venereal wards in this school, but a force of graduate male nurses and orderlies do the work of this department. During the third year a course of lectures on philanthropic subjects is given in connection with the School of Philanthropy of New York City. The nurses carrying off the highest prizes this year were: Senior term—Miss Whyte, 95 1/3 per cent. Intermediate term—Miss Lowe, 90 4/7 per cent. Junior term—Miss Roberts, 85 22/25 per cent. These nurses have earned the medals of their respective classes given by Mrs. Cadwalader Jones.

During the year there were 480 applicants, with very few exceptions all eligible. Forty-seven were admitted for the probationary course of training; thirty-eight were accepted; one resigned; three were dropped for illness, one for failure to pass examination; two were dismissed for cause; one was reappointed after sickness to finish her course, and a class of forty-one received their diplomas. One death occurred in the school during the year, Miss Jennie Blauvelt, who contracted cerebro-spinal meningitis at the Marion Hospital and died after an illness of three days. There are now seven hundred and twenty-four graduates of this school. Of these a large number are engaged in private duty. They have a very progressive Alumni Association of two hundred and sixty members; one hundred and forty-nine have become registered nurses; one hundred are in positions of responsibility in various parts of the world; over one hundred have shown their mettle in the army in Cuba, the Philippines, and South Africa; one has just returned broken down in health from exhaustive labors in the mission fields of western Africa. The remainder who are in active duty, are nearly all private nurses. Over two hundred are happily married and enjoying homes of their own, while fifty have passed over at the call of the Great Physician.

PERSONAL

Miss MARY C. MILLER, class 1903, University of Maryland, is now Superintendent of the Presbyterian Eye and Ear Hospital, Baltimore.

In the last report from the Hospital Economics Course the name of Miss Elizabeth Harcourt, Graduate of Buffalo General Hospital, was omitted.

Miss MANKHAM and Miss THOMPSON, both Bellevue nurses, have gone to Egypt, via Naples and Brindisi, for the winter, with the intention of doing some nursing.

Miss VIRGINIA C. SLIPPO, graduate of the Memorial Hospital, Richmond, Va., class of 1904, has been appointed superintendent of the Highstreet Infirmary, Fayetteville, N. C.

Miss CHRISTINE M. CAMPBELL, graduate of the Royal Victoria Hospital, Montreal, Canada, has been appointed Operating Clinic Nurse at the Memorial Hospital, Richmond, Va.

Miss ELIZABETH REIDBURN, class of '06, Johns Hopkins Hospital, has accepted the position of Superintendent of Nurses at St. Luke's Hospital, St. Paul, Minn., made vacant by the marriage of Miss Thompson to Dr. Reid.

Miss ELIZABETH LAWLER, of Canada, Johns Hopkins class of 1899, and for several years assistant superintendent of the Johns Hopkins Training School, has been appointed Assistant Supt. of Nurses at the Toronto General Hospital.

Misses HASSIE STRAIN and SUSANNA MCKENNA, of the Baltimore City Hospital Training School for Nurses, class of 1905, have assumed charge of the Tom Franklin Hospital, connected with the Industrial Institute and College, of Columbus, Mississippi.

Miss JENNIE L. BROWN, a recent graduate of the Massachusetts General Hospital Training School for Nurses, Boston, Mass., also of the McLean Hospital School for Nurses, has accepted the position of assistant superintendent of nurses at the Sheppard and Enoch Pratt Hospital, Baltimore, Md.

Miss L. MAY BUSNEY has resigned the position as Superintendent of Jackson Sanitarium, and accepted a position in The Woman's College at Sherman, Texas. Miss Busney is a graduate of The Cleveland Training School for Nurses, Class 1904.

TRAINED NURSES are greatly needed in The Chicago Training School for Home and Foreign Missions, a widely extended humanitarian work which embraces district work, with some hospital and dispensary work. The compensation would be only support and expenses, but otherwise the limitations would be few. Any one interested can secure full information by addressing Lucy Rider Meyer, 6949 Indiana Ave., Chicago, Ill.

Dr. BRADEN CHENHUT, whose death at Lien Chow, China, was noted in the December JOURNAL, was training two Chinese women as nurses. She was translating into Chinese Mrs. Rabb's text-book of nursing, and her students were studying the first part while she was at work on the last. The difficulty of training nurses in China may be inferred from the fact that one of these women could not read, and was learning the Chinese characters from the labels on the medicine bottles as a beginning. The hospital for women and children which Dr. Chenhut worked so hard to establish was destroyed by the mob which took her life.



Miss DONA BACHMANN, class 1906, University of Maryland, has been appointed Superintendent of the Hebrew Hospital, Baltimore.

Miss MENA SHERMAN, class 1906, University of Maryland, has resigned as Superintendent of Asylum Hospital, Washington, to accept a hospital position at Evelith, Miss.

Miss LA MORRE has promised to give an account of the Tuberculosis Exhibit just held in New York City, which was of great interest and value from the instructive standpoint.

Miss L. L. DICK will spend the winter at her home in Graeffenburg, Penna., in order to work uninterruptedly at the History of Nursing which she and Miss Nutting have in preparation.

Miss WALD, the head of the Nurses' Settlement in New York, who attended the National Child Labor Conference in Washington, will give us later some account of this most vital reform work.

Miss KATHERINE FURBER, class 1901, University of Maryland, has been appointed assistant superintendent of the Training-School of the National Homeopathic Hospital, Washington, D. C.

Miss IDA HOFFMAN, a graduate of the German Hospital in New York, has recently returned from a visit to relations in Loda, Russia. She was there at a time of massacre and went to the Jewish Hospital to offer her services, as several hundred wounded and dying persons had crowded it to overflowing. She could not, however, reach the hospital, which was barricaded from the streets. Comacks were surging through the streets shooting aimlessly. She saw various persons shot and had to take refuge in the house of a friend. She had previously visited the Jewish Hospital, which she describes as a beautiful modern structure, with separate wards for tuberculosis, and fine appointments for surgical work, but no nursing—simply the medieval system of assistants, skilful in certain things, but no nurses.

#### TORONTO GENERAL ITEMS

Miss NELLIE MILLER, late Superintendent of Brockville Hospital, has accepted a similar position in the Ross Memorial Hospital, Lindsay, Ontario.

Miss MARY DOUGAL is at St. Luke's Hospital, New York, as supervising nurse in the nurses' home.

Miss M. ALLEN is Supervisor of Night Nurses in the General Memorial Hospital, New York.

Miss ALICE STEWART, who has been Superintendent of the Sherbrooke Hospital, Quebec, for the last seven years, has been appointed Matron of the Toronto General Hospital and assumed her duties on Dec. 5.

Miss JOSEPHINE LUTHER has taken a position in the Galt Hospital, Lethbridge, Alberta, in the Northwest Territory.

Miss ANNE HARTLEY has been appointed Night Supervisor in the Galt Hospital in place of Miss Nelson resigned.

## CHANGES IN THE ARMY NURSE CORPS

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### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 10, 1905.

**BUTLAN, MARGARET**, graduate of Carney Hospital, South Boston, in 1904, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

**CAMPEN, MARY L.**, transferred from Zamboanga and Division Hospital, Manila, P. I., to duty in the United States. Assigned to duty at the General Hospital, Presidio, San Francisco.

**ENNE, M. ESTELLE**, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

**JAMES, AGNES F.**, on duty at the General Hospital, Presidio, San Francisco, under orders to call to the Philippines division on November 25th.

**KIRKBY, DELLA V.**, recently arrived in the Philippines Division, assigned to duty at Fort Wm. McKinley, Rizal, P. I.

**LANCASTER, LOUISE E.**, transferred from Zamboanga to duty at Division Hospital, Manila, P. I.

**LAYTON, MARY V.**, formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

**LAGON, ELIZABETH**, recently arrived in the Philippines Division, assigned to duty at Zamboanga, Mindanao.

**MCCHESNEY, ELIZABETH F.**, recently arrived in the Philippines Division, assigned to duty at Zamboanga.

**O'BRIEN, HELEN GRACE**, formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

**PHILLIPS, MINNIE ANNAS**, graduate of the Maryland General Hospital, in 1905, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

**PLUMMER, SAMANTHA C.**, recently arrived in the Philippines Division, assigned to duty at Zamboanga.

**ROBERTSON, MARY A.**, formerly on duty at the General Hospital, Presidio, San Francisco, discharged in San Francisco, to be married.

**SOLBERG, MARGARET K.**, recently arrived in the Philippines Division, assigned to duty at Fort Wm. McKinley, Rizal.

**SWAN, ESTHER M.**, recently arrived in the Philippines Division, assigned to duty at Ft. Wm. McKinley, Rizal.

**VEAN, FRANCES J.**, recently arrived in the Philippines Division, assigned to duty at Fort Wm. McKinley.

**WILSON, GENEVIEVE L.**, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

**NOTE.**—The Army Transport service between San Francisco and Manila will be improved by the sailing of a ship from each terminal every twenty days. For the past two or three years there has only been one transport a month each way. The new order goes into effect November 25.

DITA H. KINNEY,  
Superintendent, Army Nurse Corps.

## OFFICIAL DIRECTORY

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### THE AMERICAN JOURNAL OF NURSING COMPANY.

President, Miss ISABEL McISAAC, Benton Harbor, Mich.

Secretary, Miss JANE A. DELANE, Bellevue Hospital, New York.

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Annual meeting to be held in New York in May, 1908.

### THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, Miss ANNE DAVIS, Bellevue Hospital Out-Patient Department, New York.

Secretary, Miss NELLIE M. CANNY, 814 South Tenth Street, Philadelphia, Pa.

Annual meeting, 1908, Detroit, Mich.

### ARMY NURSE CORPS, U. S. A.

Mrs. DITA H. KINNEY, Surgeon-General's Office, Washington, D. C.

### ISTHMIAN CANAL NURSING SERVICE.

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Secretary, Miss THELMA EAMES MCCARTHY, 1404 Broadway, San Francisco, Cal.

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Secretary,

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**IOWA STATE NURSES' ASSOCIATION.**

**President, Miss ESTELLE CAMPBELL.**

**Secretary,**

**ILLINOIS STATE NURSES' ASSOCIATION.**

**President, Miss M. H. McMILLAN, Presbyterian Hospital, Chicago, Ill.**

**Secretary, Miss GRACE ELLSWORTH, Wesley Hospital, Chicago, Ill.**

**LOUISIANA STATE NURSES' ASSOCIATION**

**President, Miss C. FROMMERTY, New Orleans, La.**

**Secretary, Miss P. COMFORD, New Orleans, La.**

**MASSACHUSETTS STATE NURSES' ASSOCIATION.**

**President, Miss MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.**

**Secretary, Miss ESTHER DART, Stillman Infirmary, Cambridge, Mass.**

**MARYLAND STATE NURSES' ASSOCIATION.**

**President, Miss M. A. NUTTING, Johns Hopkins Hospital, Baltimore, Md.**

**Secretary, Miss SARAH MARTIN, Garrett Hospital for Children, Baltimore, Md.**

**MICHIGAN STATE NURSES' ASSOCIATION.**

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**NEW JERSEY STATE NURSES' ASSOCIATION.**

**President, Mrs. D'ARCY STEPHENS, 475 Main Street, Orange, N. J.**

**Secretary, Miss EMMA YOUNG, 163 Spruce Street, Newark, N. J.**

**NEW YORK STATE NURSES' ASSOCIATION.**

**President, Miss ANNIE DAMER, Bellevue Hospital Out-Patient Department, New York City.**

**Secretary, Miss FREDA HANTMAN, 82 East Eighty-first Street, New York City.**

**NORTH CAROLINA STATE NURSES' ASSOCIATION.**

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**Secretary,**

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President, Miss GREENWOOD, Jewish Hospital, Cincinnati, O.  
Secretary, Miss ELIZABETH M. HANCOCK, Cincinnati, O.

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